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Fill in this information to identify your o	case:	
United States Bankruptcy Court for the:		UNITED
NORTHERN District o	f ILLINOIS	NORTH STATE
Case number (if known):	Chapter you are filing under the Chapter 7 Language Chapter 11 Chapter 12 Chapter 13	er: MAP 30 2017 COUPT OF ILLINGS BANKRUPTCY COUPT ALLSTE amended filing
Official Form 101	- The state of the	EADT, CLERK

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
. Your full name		Cood. Debito: 2 (Spouse Only in a Joint Case):
Write the name that is on your	Mark	
government-issued picture identification (for example,	First name	First name
your driver's license or	Alan	A HOLLINGTIC
passport).	Middle name	Middle name
Bring your picture	Hammer	Charles
identification to your meeting with the trustee.	Last name	Last name
	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
All other names you have used in the last 8	First name	
years	First name	First name
Include your married or maiden names.	Middle name	Middle name
	Last name	Last name
	First name	First name
	Middle name	Middle name
	Last name	Last name
Only the last 4 digits of		
your Social Security	xxx - xx - <u>4715</u>	xxx - xx
number or federal	OR	OR
Individual Taxpayer Identification number	9 xx - xx	9 xx - xx

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Pettor 1 VIAFK Alan First Name Middle	Hammer Name Last Name	Case number (if known)
The state of the s	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Any business names and Employer Identification Numbers (EIN) you have used in	☑ I have not used any business names or EINs.	☐ I have not used any business names or EINs.
the last 8 years	Business name	Business name
doing business as names	Business name	Business name
	EIN EIN	EIN
	EIN	EIN
Where you live	and the second and the second	If Debtor 2 lives at a different address:
	1014 Shagbark Rd Number Street	
	Nulliver Street	Number Street
	New Lenox IL 60451	
	City State ZIP Code	City State ZIP Cod
	Will County	County
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number Street	Number Street
	P.O. Box	P.O. Box
	City State ZIP Code	City State ZIP Code
Why you are choosing this district to file for	Check one:	Check one:
bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)
		A. Control of the Con

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Debtor 1	Mark Alan First Name Middle No		Hammer Last Name			Case number (#.	known)
	whate the	· -	and repetity				
art 2: 1	Tell the Court Abo	out Your I	Bankruptcy C	ase			
	apter of the ptcy Code you	Check of	one. (For a brief kruptcy (Form 2	description of each, and the description of each and the each and the description of each and the each and the each	see Not	ice Required by 11 page 1 and check t	1 U.S.C. § 342(b) for Individuals Filing the appropriate box.
are cho under	osing to file	Z Cha					
		☐ Cha	pter 11				
		☐ Cha	pter 12				
		☐ Cha	pter 13				
How you	u will pay the fee	Ioca you sub with I ne App I rec By I less pay	al court for more reelf, you may mitting your pay a pre-printed ed to pay the dication for Ina away aw, a judge methan 150% of the fee in insta	re details about how pay with cash, cas ayment on your bell address. fee in installment dividuals to Pay The fee be waived (Yoay, but is not require the official poverty	w you reshier's chalf, you take. If you may red to, of line the oose the	may pay. Typical check, or money ur attorney may bu choose this op Fee in Installmed request this opt waive your fee, at applies to youns option, you m	eck with the clerk's office in your lly, if you are paying the fee order. If your attorney is pay with a credit card or check potion, sign and attach the ents (Official Form 103A). Ition only if you are filing for Chapter 7 and may do so only if your income is ar family size and you are unable to neast fill out the Application to Have the
	u filed for tcy within the ars?	Ø No					Case number
			District				
							Case number
			District		_ When	MM / DD / YYYY	Case number
	bankruptcy	₩ No	de III lathe Million de les en ennemen en especiale energies (Am				
	ending or being a spouse who is	Yes.	Debtor				Relationship to you
you, or k	g this case with by a business or by an		District		_ When	MM / DD / YYYY	Case number, if known
affiliate?			Debtor				Relationship to you
						-	Relationship to you

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De	ebtor 1 Mark Alan	Middle Name	Hammer Last Name	Case	number (# known)	
		, and	cast dame			
P	art 3: Report About	Any Busines	ses You Own as a :	Sole Proprietor		
12	. Are you a sole propr		. Go to Part 4.			
	of any full- or part-tine business?	me 🔲 Ye:	s. Name and location of	business		
	A sole proprietorship is a business you operate as					
	individual, and is not a separate legal entity such		Name of business, if any			
	a corporation, partnership	p, or	Number Street	MA-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
	If you have more than on sole proprietorship, use a					
	separate sheet and attacto this petition.	hit	City			
			City		State ZIP Code	
			Check the appropriate	box to describe your business	3:	
			Promotern:	ess (as defined in 11 U.S.C. §		
			Manager'	Estate (as defined in 11 U.S.C	• , ,,	
				efined in 11 U.S.C. § 101(53A) r (as defined in 11 U.S.C. § 10	•	
			None of the above		1(0))	
13.	Are you filing under	If you a	re filing under Chapter	11, the court must know wheth	er you are a small busines	s debtor so that it
	Chapter 11 of the Bankruptcy Code and are you a small busin	d most re	cent balance sheet, stat	If you indicate that you are a si tement of operations, cash-flow exist, follow the procedure in	v statement, and federal in	must attach your come tax return or if
	debtor? For a definition of small	☑ No.	I am not filing under Ch	napter 11.		
	business debtor, see 11 U.S.C. § 101(51D).	☐ No.	I am filing under Chapt the Bankruptcy Code.	ter 11, but I am NOT a small bu	usiness debtor according to	the definition in
		☐ Yes	. I am filing under Chapt Bankruptcy Code.	er 11 and I am a small busines	ss debtor according to the	definition in the
	Andrews .					
i ta	rt 4: Report if You (Jwn or Have	Any Hazardous Pro	perty or Any Property Th	at Needs Immediate /	Attention
	Do you own or have a					
	property that poses o alleged to pose a thre		What is the hazard?			
	of imminent and identifiable hazard to					
	public health or safety Or do you own any	y?				
	property that needs		If immediate attention	is needed, why is it needed?		
	immediate attention? For example, do you own			To the dead, they to the today	***************************************	M-Anthonia and an annia and an a
	perishable goods, or livest that must be fed, or a build that needs urgent repairs?	ding				
	g v , up un d .		Where is the property			
				Number Street		
				City		This o
				City	State	ZIP Code

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Debtor 1	Mark Alan	Hammer	Case number (# known)
	First Name Middle Nam	e lest Name	

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

W	I am not required to receive a briefing a	bou
	credit counseling because of:	

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

am not required to receive a briefing about	
redit counseling because of	

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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D	Debtor 1 Mark Alan First Name Middle Nat	Hammer me Last Name	Case number (if knot	wn)
	Part 6: Answer These Que	estions for Reporting Purpose	es	
10	6. What kind of debts do you have?	No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primari money for a business or inv No. Go to line 16c. Yes. Go to line 17.	ily consumer debts? Consumer debt all primarily for a personal, family, or hous ily business debts? Business debts a vestment or through the operation of the to owe that are not consumer debts or business.	ehold purpose." are debts that you incurred to obtain business or investment.
17	any exempt property is excluded and	No. I am not filing under Chat Yes. I am filing under Chapte administrative expenses	apter 7. Go to line 18. Fr 7. Do you estimate that after any exemps are paid that funds will be available to di	pt property is excluded and istribute to unsecured creditors?
ion ka di pai	administrative expenses are paid that funds will be available for distribution to unsecured creditors?	Yes		
18.	How many creditors do you estimate that you owe?	7 1-49 50-99 100-199 200-999	1,000-5,000 5,001-10,000 10,001-25,000	25,001-50,000 50,001-100,000 More than 100,000
19.	How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
	How much do you estimate your liabilities to be?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
a	rt 7: Sign Below	Executed 1	A. com	Willie than \$50 philor
Fo	•	If I have chosen to file under Chap	I declare under penalty of perjury that the oter 7, I am aware that I may proceed, if e inderstand the relief available under each	sligible under Chenter 7, 11, 12, as 12
		If no attorney represents me and I	did not pay or agree to pay someone which read the notice required by 11 U.S.C. §	00 is not an attorney to halp me fill out
			the chapter of title 11, United States Cod	
		I understand making a false staten with a bankruptcy case can result i 18 U.S.C. §§ 152, 1341, 1519, and	ment, concealing property, or obtaining m in fines up to \$250,000, or imprisonment d 3571.	oney or property by fraud in connection for up to 20 years, or both.
		* Mark A Signature of Debtor 1	anner * Signature of	f Debtor 2
· A Legge		Executed on 03 232	-	

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Debtor 1	Mark Alan First Name	Middle Nami	Hammer Last Name	Case number (# known)_	
represen	attorney, if youted by one		I, the attorney for the debtor(s) named to proceed under Chapter 7, 11, 12, or available under each chapter for which the notice required by 11 U.S.C. § 342	13 of title 11, United States Code, as the person is eligible. I also certify t (b) and, in a case in which § 707(b)(4	formed the debtor(s) about eligibility nd have explained the relief hat I have delivered to the debtor(s) AV(D) applies, certify that I have no
by an att	orney, you do ile this page.		knowledge after an inquiry that the info		e petition is incorrect.
			Signature of Attorney for Debtor	Date	MM / DD /YYYY
			Printed name		
			Firm name		
			Number Street		
			City	State	ZIP Code
			Contact phone	Email address	
			Bar number	State	

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Debtor 1	Mark Alan First Name Middle Nam	Hammer ne Last Name	Cas	e number (# known)
For you i pankrupt attorney	f you are filing this cy without an	should understand the themselves successfu	at many people find it ex	yourself in bankruptcy court, but you tremely difficult to represent has long-term financial and legal
ın attorn	represented by ey, you do not ile this page.	To be successful, you mu technical, and a mistake dismissed because you o hearing, or cooperate with firm if your case is selected.	ust correctly file and handle or inaction may affect your r lid not file a required docum h the court, case trustee, U.	your bankruptcy case. The rules are very ights. For example, your case may be ent, pay a fee on time, attend a meeting or S. trustee, bankruptcy administrator, or audit you could lose your right to file another.
		court. Even if you plan to in your schedules. If you of property or properly claim also deny you a discharge case, such as destroying cases are randomly audit	pay a particular debt outside do not list a debt, the debt me it as exempt, you may not le of all your debts if you do se or hiding property, falsifying	fules that you are required to file with the e of your bankruptcy, you must list that debt hay not be discharged. If you do not list be able to keep the property. The judge can something dishonest in your bankruptcy records, or lying. Individual bankruptcy ave been accurate, truthful, and complete.
		If you decide to file withou hired an attorney. The con successful, you must be file Bankruptcy Procedure, ar	at an attorney, the court expourt will not treat you different amiliar with the United State	ects you to follow the rules as if you had ly because you are filing for yourself. To be is Bankruptcy Code, the Federal Rules of t in which your case is filed. You must also
		Are you aware that filing for consequences?	or bankruptcy is a serious ac	ction with long-term financial and legal
		No Yes		
		Are you aware that bankru inaccurate or incomplete,	aptcy fraud is a serious crimo you could be fined or impriso	e and that if your bankruptcy forms are oned?
		☐ No ✓ Yes		
		No	y someone who is not an at	torney to help you fill out your bankruptcy forms?
		Yes. Name of Person Attach Bankruptcy	Petition Preparer's Notice, De	claration, and Signature (Official Form 119).
		have read and understood	this notice, and I am aware	isks involved in filing without an attorney. I that filing a bankruptcy case without an I do not properly handle the case.
		* Mark A Ha	mnez 3	¢
		Signature of Debtor 1 Date O3 30 MM / DD / YYY	2017	Signature of Debtor 2 Date
		Contact phone <u>7088050665</u>	1	MM / DD / YYYY Contact phone
			305 0665	Cell phone
		Email address MARK	HAMMER9	Email address

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Fill in this in	formation to i	dentify your case:		
Debtor 1	Mark	Alan	Hammer	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court	for the: NORTHER District of	ILLINOIS	
Case number				
	(If known)		*************************************	
			· · · · · · · · · · · · · · · · · · ·	

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.				
Part 1: Summarize Your Assets				
	Your assets Value of what you own			
Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$_0			
1b. Copy line 62, Total personal property, from Schedule A/B	\$ <u>1000</u>			
1c. Copy line 63, Total of all property on Schedule A/B	\$ 1000			
Part 2: Summarize Your Liabilities				
	Your liabilities Amount you owe			
 Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 	\$_0			
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$_ <u>0</u>			
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$ 84768			
Your total liabilities	\$ <u>84768</u>			
Part 3: Summarize Your Income and Expenses				
4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$330			
5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$2245			
	··· N··· · · · · · · · · · · · · · · ·			

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D	ebtor 1	Mark Alan First Name	Middle Name	Hammer Last Name		Case number (# known)		
	'art 4:	Answer The	se Questic	ns for Administra	ative and Statistical Rec	ords		
6		. You have nothi		er Chapters 7, 11, o	or 13? m. Check this box and submit	this form to the court wit	th your other schedules.	
7.	You fam	.,,	marily cons d purpose." 1	onsumer debts. You	ner debts are those "incurred till out lines 8-9g for statistical purpose on this	ourposes. 28 U.S.C. § 15	59.	instant memory (1921) delinense (1920-1922)
8.	From the Form 12	ne Statement of 22A-1 Line 11; O	Your Curre	nt Monthly Income: 2B Line 11; OR, Form	Copy your total current month 1 122C-1 Line 14.	ly income from Official	\$ 525	
9.	٠.	National Control of		ies of claims from l	Part 4, line 6 of Schedule E/F	Total claim	and the second s	Marie Marie Andrews and Carlos A
		estic support ob				\$_0		
				owe the government of while you were into	nt. (Copy line 6b.) xicated. (Copy line 6c.)	\$ <u>0</u> \$ <u>0</u>		
	9d. Studi	ent loans. (Copy	line 6f.)			\$0		
	priori	ty claims. (Copy	line 6g.)		vorce that you did not report a	s <u>\$</u> 0	**	
				plans, and other sim	ilar debts. (Copy line 6h.)	+ \$_0		:
	ઝg. rotal	. Add lines 9a th	rough 9f.			\$_0		

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Fill in this in	formation to ide	entify your case and thi	s filing:	
Debtor 1	Mark	Alan	Hammer	***
I	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name		
***			Lasi Name	
United States E	Bankruptcy Court fo	or the: NORTHER Distric	of ILLINOIS	
Case number				***

Official Form 106A/B

1.

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

'es. Where is the property? Street address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building	Do not deduct secured of the amount of any secure Creditors Who Have Clair	ed claims on Schedule D
Street address, if available, or other description	☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land	Current value of the entire property?	Current value of t portion you own?
City State ZIP Code	Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
County	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
	At least one of the debtors and another Other information you wish to add about this it property identification number:	(see instructions)	
own or have more than one, list here: Street address, if available, or other description	☐ At least one of the debtors and another Other information you wish to add about this it property identification number: What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative	(see instructions) tem, such as local Do not deduct secured claim the amount of any secured Creditors Who Have Claim Current value of the	aims or exemptions. Pu d claims on <i>Schedule i</i> ns Secured by Propert Current value of
	☐ At least one of the debtors and another Other information you wish to add about this it property identification number: What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land ☐ Investment property	(see instructions) tem, such as local Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property? \$ Describe the nature of	aims or exemptions. Put dictaims on Schedule in Secured by Propert Current value of portion you own?
*	☐ At least one of the debtors and another Other information you wish to add about this it property identification number: What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land	(see instructions) tem, such as local Do not deduct secured claim the amount of any secure Creditors Who Have Claim Current value of the entire property? \$	nims or exemptions. Pod claims on Schedule ins Secured by Propert Current value of portion you own' \$ If your ownership simple, tenancy by

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What is the property? Check all that apply.		Mark Alan First Name Middle Nam	Hammer ne Last Name	Case number (#	(known)	
Street address, if available, or other description Duples or multi-unit building Creditor With Plane Claims Secural by Property Creditor With Plane Claims Secural by Property Control Vision Condomination or cooperative Current value of the antine property? Check one. Debtor 1 and Debtor 2 only Debtor 3 onl		Leof idense Minnis iden	ne Last name			
Site address, it available, or other description	1.3.			☐ Single-family home	the amount of any secure	ed claims on Schedule L
Annual current or mobile home entire property? portion you own		Street address, if available, or	r other description		ىلىرە چىقىدىدى باشىدە چەرەپىدىلى بىلىرىدىكى ئىزىلىدىكى بادىكى بادارىدىكى بادارىدىكى بادارىدىكى بادارىدىكى بادار ئىدىن ئىلىرىدىكى بادارىكى	
Land						
Investment property Investment property Caty					e.	e
County Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only D					4	a
Other Interest (such as fee simple, tenancy) Interest (such as fee simpl		City	State 7IB Code		Describe the nature	of vour ownership
County Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only 6 o		City	State ZIP Code	F=3	interest (such as fee	simple, tenancy by
Debtor 2 only				Who has an interest in the property? Check one.		
Debtor 2 only		County		Debtor 1 only		
Other information: Other information information: Other informat		County		*		
Other information you wish to add about this item, such as local property identification number: Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.						mmunity property
Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. Describe Your Vehicles Describe Your Vehicles Describe Your Vehicles					,	
you wan, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No Year: Debtor 1 only Debtor 2 only The amount of any secured claims or exemptions. Property? Include any vehicles own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No				Other information you wish to add about this ite property identification number:	em, such as local	
Describe Your Vehicles Journal of Part 1. Write that number here. Journal of Part 2 only	\dd t	he dollar value of the port	tion you own for al	l of your entries from Part 1, including any entrie	e for name	
you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No Yes 3.1. Make: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Property? Vear: Debtor 1 and Debtor 2 only Current value of the entire property? Debtor 1 and Debtor 2 only Current value of the entire property? Debtor 1 only Current value of the entire property? Debtor 1 only Current value of the entire property? Debtor 1 only Debtor 1 only Current value of the entire property? Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debto						\$ <u>0</u>
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Model: Year: Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Approximate mileage: Other information: Check if this is community property (see instructions) Tyou own or have more than one, describe here: Who has an interest in the property? Check one. Model: Debtor 1 only Debtor 1 only Debtor 2 only Current value of the entire property? Current value of more than one, describe here: Substitutions Do not deduct secured claims or exemptions. Pethe amount of any secured daims or exemptions. Pethe amount of any secured claims or exemptions. Pethe amount of any secured by Property and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 and Debtor 5 only Debtor 6 and Debtor 8 an	you cown	own, lease, or have legal of that someone else drives. If vans, trucks, tractors, sp	nicles or equitable interes f you lease a vehicle	e, also report it on Schedule G: Executory Contracts	not? Include any vehicles and Unexpired Leases.	S
Year: Approximate mileage: Other information: Current value of the entire property? Surrent value of the entire property? Current value of the entire property? Surrent value of the entire property? Current value of the entire property?	you cown Cars, No.	own, lease, or have legal of that someone else drives. If vans, trucks, tractors, sp o	nicles or equitable interes f you lease a vehicle	e, also report it on <i>Schedule G: Executory Contracts</i> , motorcycles	and Unexpired Leases.	en en hijspenne – y s
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Approximate mileage:	own cown cars, Z No	own, lease, or have legal of that someone else drives. If vans, trucks, tractors, species Make:	nicles or equitable interes f you lease a vehicle	who has an interest in the property? Check one.	and Unexpired Leases. Do not deduct secured clathe amount of any securer	aims or exemptions. Pu d claims on <i>Schedule I</i>
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Other information:	you common of your fixed states of the common of the commo	wwn, lease, or have legal of that someone else drives. If wans, trucks, tractors, sprogress Make: Model: Year: Approximate mileage: Other information: own or have more than one Make: Model: Year:	or equitable interes f you lease a vehicle ort utility vehicles,	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured clathe amount of any secure Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured clathe amount of any secure Creditors Who Have Clain	aims or exemptions. Put d claims on Schedule I ns Secured by Property Current value of t portion you own? \$ ims or exemptions. Put d claims on Schedule I ns Secured by Property
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otor 1	Mark Alan First Name Middle Name	Hammer Last Name	Case number (# #	known)	
	s ast marke produce halite	Cast Name			
	Make:		Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clair.	d claims on Schedule D:
	Year: Approximate mileage:		Debtor 1 and Debtor 2 only At least one of the debtors and another	Current value of the entire property?	Current value of th portion you own?
	Other information:		☐ Check if this is community property (see instructions)	\$	\$
	Make:		Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured cla the amount of any secure	
	Model: Year:	<u></u>	Debtor 2 only	Creditors Who Have Clain	ns Secured by Property.
	Approximate mileage:		Debtor 1 and Debtor 2 only At least one of the debtors and another	Current value of the entire property?	Current value of th portion you own?
ļ	Other information:	All Halle of All Lands	Check if this is community property (see instructions)	\$	\$
	craft, aircraft, motor homes, oles: Boats, trailers, motors, pe		ft, fishing vessels, snowmobiles, motorcycle accesso		
Z No Z Ye J Ye 4.1.	oles: Boats, trailers, motors, pe	rsonal watercrat			ims or exemptions. Put d claims on Schedule D: ns Secured by Property.
Z No Z Ye J Ye	oles: Boats, trailers, motors, pe s Make: Model:	rsonal watercrat	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any secured Creditors Who Have Claim Current value of the	ims or exemptions. Put d claims on Schedule D: is Secured by Property. Current value of the
No Ye	oles: Boats, trailers, motors, pe s Make: Model:	rsonal watercraf	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured cla the amount of any secured Creditors Who Have Claim Current value of the entire property?	ims or exemptions. Put of claims on Schedule D: is Secured by Property. Current value of the portion you own?
No Ye	oles: Boats, trailers, motors, persons Make: Model: Year: Other information:	rsonal watercraf	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured cla the amount of any secured Creditors Who Have Claim Current value of the entire property?	ims or exemptions. Put d claims on Schedule D: ins Secured by Property. Current value of the portion you own? \$
No Ye	oles: Boats, trailers, motors, persons s Make:	rsonal watercraf	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured cla the amount of any securec Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clai the amount of any secured	ims or exemptions. Put d claims on Schedule D: as Secured by Property. Current value of the portion you own? \$
No Ye	oles: Boats, trailers, motors, personal services. Make: Model: Year: Other information: Down or have more than one, list Make: Model: Year: Year: Year: Model: Year: Model: Year: Model: Make: Model: Model: Make: Model: Make: Model: Model: Model: Make: Make: Model: Make: Make: Model: Make: Ma	rsonal watercraf	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any securec Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clai the amount of any secured Creditors Who Have Claim Current value of the	ims or exemptions. Put I claims on Schedule D: its Secured by Property. Current value of the portion you own? \$ ims or exemptions. Put I claims on Schedule D: its Secured by Property. Current value of the
No Ye	oles: Boats, trailers, motors, personal services. Make:	rsonal watercraf	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured cla the amount of any securec Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clai the amount of any secured Creditors Who Have Claim Current value of the entire property? \$	ims or exemptions. Put of claims on Schedule D. as Secured by Property. Current value of the portion you own? \$

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Debtor 1

Mark Alan

Hammer

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Case number (# known)_ First Name Middle Name **Describe Your Personal and Household Items**

Do	you own or have any legal	or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims
6.	Household goods and furn	siehinne	or exemptions.
-		, furniture, linens, china, kitchenware	
	☐ No		
	ITALV B	A COLUMN TO THE RESIDENCE OF THE PROPERTY OF T	
	IVAL	isc. Household Goods - Apartment	\$_500
7.	Electronics		.i.
	Examples: Televisions and r collections; electr No Yes. Describe	adios; audio, video, stereo, and digital equipment; computers, printers, scanners; music ronic devices including cell phones, cameras, media players, games	\$
	anana	TO STATE OF THE PART OF THE PA	\$
8.	Collectibles of value		
	Examples: Antiques and figurestamp, coin, or backers. No Yes. Describe	rines; paintings, prints, or other artwork; books, pictures, or other art objects; aseball card collections; other collections, memorabilia, collectibles	1
i	ted ted. Describe		\$
9.	Equipment for sports and h		
		oblic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes	
Ŀ	and kayaks; carpe	onic, exercise, and other nobby equipment; bicycles, pool tables, golf clubs, skis; canoes entry tools; musical instruments	i
Š.	Yes. Describe		\$
homer in	🔼 No	tguns, ammunition, and related equipment	
	Yes. Describe		\$
	- -		Ψ
l.	☐ No	furs, leather coats, designer wear, shoes, accessories	
b	Yes. Describe Mis	c. Clothing · Apartment	\$ 500
	erooms or any sa		
900	gold, silver	costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,	
	Ž No J Yes. Describe		
E	Tes. Describe		\$
ı	lon-farm animals Examples: Dogs, cats, birds, l Z	horses	
	Yes. Describe		\$
14. A	any other personal and hous	sehold items you did not already list, including any health aids you did not list	
	NAME OF THE PARTY	seriola nems you are not already list, including any nearth ards you did not list	
	Z No		
ľ	Yes. Give specific		\$
	information		Φ
15. ∤	Add the dollar value of all of or Part 3. Write that number	f your entries from Part 3, including any entries for pages you have attached r here	\$ <u>1000</u>

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Debtor 1		ammer Last Name	Case number (# known)	
art 4:	Describe Your Financial Asse			
o you owi	n or have any legal or equitable in		9?	Current value of the portion you own? Do not deduct secured clair or exemptions.
. Cash Example	es: Money you have in your wallet, in	your home, in a safe deposit	box, and on hand when you file your petition	
No Yes.			Cash:	\$
Z No	es: Checking, savings, or other finance and other similar institutions. If yo	cial accounts; certificates of d u have multiple accounts with Institution name:	eposit; shares in credit unions, brokerage hous n the same institution, list each.	es,
	17.1. Checking acco	.		\$
	17.2. Checking accou			\$
	17.3. Savings accour	nt:		_
	17.4. Savings accour	ıt:		\$
	17.5. Certificates of d	eposit:		\$
	17.6. Other financial	account:		\$
	17.7. Other financial	account:		
	17.8. Other financial	account:		
	17.9. Other financial	account:		
	nutual funds, or publicly traded st s: Bond funds, investment accounts to		narket accounts	
Z No				
Yes	Institution or issuer n	ame:		
				\$
				\$
				Φ

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

)		
Ø	No	Name of entity:	% of ownership:	
Ų	Yes. Give specific information about		%	\$
	them		%	\$
			%	\$

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ebtor 1	Mark Alan First Name	Middle Name	Hammer Last Name	Case number (# known)	
Governi	ment and corp	orate bonds an	d other negotiable and	non-negotiable instruments	
Negotial	ble instruments	include persona	checks cashiers' check	s promissory notes and manay anders	
rvon-neg	риавів іпѕітит	ents are those y	ou cannot transfer to som	eone by signing or delivering them.	
No No	Give specific	Issuer name;			
inforr	nation about	issuer name,			
them.	***************************************	***			\$
					\$
					\$
. Retireme	ent or pension	accounts			
Example			gh, 401(k), 403(b), thrift s	avings accounts, or other pension or profit-sharing plans	
Ø No					
	List each unt separately.	Type of account	: Institution name:		
	•				_
		401(k) or similar	Dian;		\$
		Pension plan:			\$
		IRA:			\$
		Retirement accou	int:		\$
		Keogh:			\$
		Additional accour	t;		\$
		Additional accour			
					\$
Your share Examples	deposits and pe of all unused and greements was, or others	deposits you have	ve made so that you may epaid rent, public utilities	continue service or use from a company (electric, gas, water), telecommunications	
Yes			Institution name or individ	iual:	
		Electric:			¢
		Gas:			¢
		Heating oil:			\$s
		Security deposit or	rental unit:		\$
		Prepaid rent:			\$
		Telephone:			\$
	!	Water:			\$
	ı	Rented furniture:			\$
	ı	Other:			\$
					-
Annuities ((A contract for a	a periodic payme	nt of money to you, either	r for life or for a number of years)	
I No					
Ŭ Yes	1	ssuer name and	sescription:		
	,				\$
	AMA				\$
	***				\$

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		ne Last Name	Case number (if known)	
	First Name Middle Nam	and learne		
4. Interests	s in an education IRA	in an account in a qualified ADI *	program, or under a qualified state tuition program.	
26 U.S.C	C. §§ 530(b)(1), 529A(b),	, and 529(b)(1).	program, or under a qualified state tuition program.	
Z No				
Yes	·····	nstitution name and description. Sens	arately file the records of any interests.11 U.S.C. § 521(c):	
		Total and accompliant, cope	rately life the records of any interests. I i U.S.C. § 521(c):	
			\$	
			\$	
			\$	
Trusts, e	quitable or future inter	rests in property (other than anyth	ing listed in line 1), and rights or powers	
exercisa No	ble for your benefit			
Average .	Give specific	BBC may are after record that I had on the appropriate and the state of the company and the state of the control of the control of the state of the control of		
inforn	nation about them		\$	
			4	
Patents,	copyrights, trademark	s, trade secrets, and other intellec	iual property	
Examples	s: Internet domain name	s, websites, proceeds from royalties	and licensing agreements	
Z I No				
	Give specific			
inform	nation about them		\$	
	Š. sadau			
Licenses	, franchises, and other	general intangibles		
Examples	:: Building permits, exclu	roivo licopoco, anamountiva		
	J	isive licenses, cooperative associatio	n holdings, liquor licenses, professional licenses	
Z No	0 ,,	isive ilcenses, cooperative associatio	n holdings, liquor licenses, professional licenses	
✓ No ☐ Yes. 0	Give specific	isive ilcenses, cooperative associatio	n holdings, liquor licenses, professional licenses	
✓ No ☐ Yes. 0	y Assentantena	isive ilcenses, cooperative associatio	n holdings, liquor licenses, professional licenses	
☑ No ☐ Yes. 0	Give specific	isive ilcenses, cooperative associatio		• FA*(60000ana
₩ No Yes. 0 inform	Give specific	isive ilcenses, cooperative associatio	\$	
₩ No Yes. 0 inform	Sive specific lation about them	isive ilcenses, cooperative associatio	\$Current val	
₩ No Yes. 0 inform	Sive specific lation about them	isive ilcenses, cooperative associatio	\$Current val	u own?
No Yes. Conform	Sive specific nation about them	isive ilicenses, cooperative associatio	\$Current yal portion you	u own?
No Yes. Conform inform oney or pro	Sive specific lation about them	isive ilicenses, cooperative associatio	\$Current val	u own?
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₩ No Yes. Conform Tax refund No Yes. G	Give specific lation about them operty owed to you? ds owed to you Sive specific information		Current val portion you Do not deduct claims or exer	u own?
✓ No Yes. Conform Tax refund ✓ No Yes. Go	Give specific lation about them operty owed to you? ds owed to you Sive specific information bout them, including who	ether	\$	u own?
✓ No Yes. Conform Tax refund ✓ No Yes. Good	Give specific lation about them operty owed to you? ds owed to you Sive specific information	ether	Current val portion you Do not deduct claims or exer Federal: \$ State: \$	u own?
✓ No Yes. Conform Tax refund ✓ No Yes. Galaye	Give specific nation about them operty owed to you? ds owed to you Sive specific information bout them, including who ou already filed the returnation that the return the specific the specific the return the specific	ether	\$	u own?
✓ No Yes. Conform Tax refund ✓ No Yes. Gold Yes. Gold Gold Yes. Gold Yes. Gold Yes. Gold Yes. Gold Yes. Gold	Give specific lation about them operty owed to you? ds owed to you Sive specific information bout them, including who ou already filed the return the tax years.	ether	Current val portion you Do not deduct claims or exer Federal: \$ State: \$	u own?
No Yes. Conform Tax refund No Yes. Gold Yes.	Give specific lation about them operty owed to you? ds owed to you Sive specific information bout them, including who ou already filed the return the tax years	ether	Federal: State: State: Local: \$ Current val portion you Do not deduct claims or exer	u own?
No inform Tax refund No Yes. G All Yes.	Give specific lation about them operty owed to you? ds owed to you Sive specific information bout them, including who ou already filed the return the tax years	ether	Current val portion you Do not deduct claims or exer Federal: \$ State: \$	u own?
No Yes. Conform Tax refund No Yes. Good Yes.	Give specific nation about them operty owed to you? ds owed to you Sive specific information bout them, including whou already filed the returnd the tax years	ether rns alimony, spousal support, child support	Federal: State: State: Local: \$ Current val portion you Do not deduct claims or exer	u own?
No Yes. Conform Tax refund No Yes. Good Yes.	Give specific lation about them operty owed to you? ds owed to you Sive specific information bout them, including who ou already filed the return the tax years	ether rns alimony, spousal support, child support	Federal: State: State: Local: \$ Current val portion you Do not deduct claims or exer	u own?
No Yes. Conform Tax refund No Yes. Gon Yes.	Give specific nation about them operty owed to you? ds owed to you Sive specific information bout them, including whou already filed the returnd the tax years	ether rns alimony, spousal support, child support	Federal: State: State: Local: \$ Current val portion you Do not deduct claims or exer	u own?
No Yes. Conform Tax refund No Yes. Gon Yes.	Give specific nation about them operty owed to you? ds owed to you Sive specific information bout them, including whou already filed the returnd the tax years	ether rns alimony, spousal support, child support	Current val portion you Do not deduct claims or exert State: State: Local: State: Alimony: \$	J own? It secured mptions.
No Yes. Conform Tax refund No Yes. Good Yes.	Give specific nation about them operty owed to you? ds owed to you Sive specific information bout them, including whou already filed the returnd the tax years	ether rns alimony, spousal support, child support	Federal: \$	J own? It secured In positions.
No Yes. Conform Tax refund No Yes. Good Yes.	Give specific nation about them operty owed to you? ds owed to you Sive specific information bout them, including whou already filed the returnd the tax years	ether rns alimony, spousal support, child support	Federal: \$	J own? It secured mptions.
No Yes. Conform Tax refund No Yes. Good All	Give specific nation about them operty owed to you? ds owed to you Sive specific information bout them, including whou already filed the returnd the tax years	ether rns alimony, spousal support, child support	Federal: \$	J own? It secured mptions.
No Yes. Conform Tax refund No Yes. Gal	ds owed to you? ds owed to you? ds owed to you Sive specific information bout them, including whou already filed the return the tax years	ether rns alimony, spousal support, child support	Federal: \$	J own? It secured mptions.
No Yes. Conform Tax refund No Yes. Gal Other amo	ds owed to you? ds owed to you? ds owed to you Sive specific information bout them, including who ou already filed the return of the tax years. pport Past due or lump sum a sive specific information.	ether ms	Federal: \$	J own? It secured mptions.
No Yes. Conform Tax refund No Yes. Gal Other amo Examples:	Give specific nation about them operty owed to you? ds owed to you Sive specific information bout them, including who ou already filed the return the tax years	ether rns alimony, spousal support, child support,	Federal: \$	J own? It secured mptions.
No Yes. Conform Tax refund No Yes. Gal Other amo Examples:	Give specific nation about them operty owed to you? ds owed to you Sive specific information bout them, including who ou already filed the return the tax years	ether ms	Federal: \$	J own? It secured mptions.
No Yes. Confinence or provided the provided to the provided term of the	Give specific nation about them operty owed to you? ds owed to you Sive specific information bout them, including who ou already filed the return the tax years	ether rns alimony, spousal support, child suppo ou y insurance payments, disability bene ; unpaid loans you made to someone	Federal: \$	J own? It secured mptions.

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Debtor 1	IVIATK AIAN First Name Middle Name	Hammer Lasi Name	Case number (if known)	
	i ast rame water wate	Last Name		
	s in insurance policies			
Example:	s: Health, disability, or life inst	rance; health savings account (HS	SA); credit, homeowner's, or renter's insurance	
√ No				
	Name the insurance company of each policy and list its value		Beneficiary:	Surrender or refund value:
				\$
				\$
				\$
32 Any into	ract in proparty that is due :	ou from someone who has died		_ Ψ
If you are property	the beneficiary of a living trus because someone has died.	it, expect proceeds from a life insu	rance policy, or are currently entitled to receive	
√Z No		$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $		sambu wang
Yes.	Give specific information	****		
		to the second		\$
33. Claims a Example:	gainst third parties, whether s: Accidents, employment disp	or not you have filed a lawsuit of or not you have filed a lawsuit of utes, insurance claims, or rights to	or made a demand for payment sue	
formantium.	Describe each claim	Autory reference, to restricted that the surface of	$1.46 \pm 0.00 \pm 0.00 \pm 0.000 \pm 0.000 \pm 0.0000 \pm 0.00000 \pm 0.00000000$	offigurary age
100.1	Describe each Claim	1		\$
34. Other cor	ntingent and unliquidated cl		ounterclaims of the debtor and rights	
to set off	claims		contercianns of the deptor and rights	
Z No		personal to delicate processors are not seen and processors are not all and appropriate the second personal transfer and		
↓ Yes. t	Describe each claim		The state of the s	an apro-c
				\$
Ø №	cial assets you did not alrea			
		hand and have surface as a second to the standard would define a further as to surface between decarding a full section as a second sec		••••
36. Add the o	lollar value of all of your ent	ries from Part 4. including any e	ntries for pages you have attached	
for Part 4	. Write that number here			s
•		the control of the co		And the second second second second
Part 5:	laccriba Any Businss	Doloted Branchi, V		_
•	resume Any Dusines:	s-Kelateu Froperty Tou O	wn or Have an Interest In. List any	real estate in Part 1.
37. Do you ov	vn or have any legal or equi	able interest in any business-rel	ated property?	
No. G				
Yes. C	o to line 38.			
				Current value of the
				portion you own?
				Do not deduct secured claims or exemptions.
38 Accounts	receivable or commissions	trati already samed		or exemptions,
Z No	receivable of confinishions	you already earned		
Bandaniani	escribe	dati takkum dalaphologo operator o takendel garantique tiga e to tracede takendelist kalendelist operator que que to parado da d	at discovery and providing the forest and providing the complete section of th	~~ <u>*</u>
Tes. D	escribe			ec.
Office con	ipment, furnishings, and su	and the second		Y
Examples: E	Business-related computers, softwa	ppnes ire, modems, printers, conjure, fav man	hines, rugs, telephones, desks, chairs, electronic devices	
Z No	sompatora, sortwi	,ooorno, printero, copiero, tax mac	imes, rugs, telephones, desks, chairs, electronic devices	
parameter .	escribe	anne 177 mill, en e e e en en en en en entreprise publichem en entremanne et en entre en literature en en en e En entremanne	$(A_{ij}) = (A_{ij}) $	week .
				\$
		The second secon		nd.

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Debtor 1	First Name Middle N	Hammer	Case number (if known)	
	restrictive middle in	ame Last Name		
	y, fixtures, equipme	nt, supplies you use in business, a	nd tools of your trade	
Z No	September September 1991 to 1991	ik an kurlupkapanasanna ya kurlura kundulum kurlupuk ya murupapa asuk sandaha anka ankapangangangangan asuk a dalambah ankapat a kundulup kundulupuk ankapat a kundulupuk	Note of Marine of Annal Conference of the Annal Confer	
Yes. i	Describe			\$
	L			
41. <u>Inv</u> entory	•			
∠ No		and the state of t	in a function and the security as a constraint on the field security as a constraint of the constraint	Montholytes ring
Yes. E	Describe			\$
	Summered was, which is a contract	$(HASS)^{2} \Delta^{2} M^{2} S^{2} M^{2} S^{2} M^{2} S^{2} M^{2} S^{2} M^{2} M^{2} M^{2} M^{2} M^{2} M^{2} S^{2} M^{2} M^{2}$		
	in partnerships or jo	int ventures		
Z No				
Yes. D	Describe Name o	f entity:	% of ownership:	
	****		%	\$
			%	\$
	***************************************		%	\$
40 (0.40-4	47-4			
43 Customer	usts, mailing lists, o	or other compilations		
	o your lists include	personally identifiable information	(as defined in 11 U.S.C. § 101(41A))?	
Ī	No No			
	Yes. Describe	An extension of the supplemental and the supplemental designation of the supplemental and the	the first of the control of the state of the	Ann Grana
				\$
44. Any busin	ess-related property	you did not already list		······································
Z No	oo tolated property	you did not already list		
	ive specific			•
Informa	ation			\$
				\$
	***************************************			\$
				\$
	***************************************			\$
	***************************************			\$
45. Add the do	ollar value of all of y	our entries from Part 5, including a	ny entries for pages you have attached	. 0
for Part 5.	Write that number h	ere	• • • • • • • • • • • • • • • • • • •	\$
	* **** * * * * * * * * * * * * * * * * *	the control of the co		
7337 x x x x x x x x x x x x x x x x x x				
Part 6: D	escribe Any Farm	 and Commercial Fishing-Relatinterest in farmland, list it in Part 1. 	ted Property You Own or Have an Interest I	n.
	you own or have all	miterest in familiand, list it in Part 1.	•	
46. Do you ow	n or have any legal o	or equitable interest in any farm- or	commercial fishing-related property?	
No. Go	to Part 7.	,	Total north greated property?	
Yes. Go	to line 47.			
				Current value of the
				portion you own?
47 Fa 1	ala			Do not deduct secured claims or exemptions.
47. Farm anim.	als Livestock, poultry, fari	m-raiced fich		
Z No	civesioes, poultry, lan	ii-taised iisji		
Projections:				······································
1000000	yphwaddin			***************************************
		**************************************		\$

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First Name Middle Name Last Name		Case number (if known)	
Loss Name			-
48. Crops—either growing or harvested			
No State Growing of Marvested			
Yes. Give specific	Additional for the contract of	000000000191914-2488-1488-2489-24-24-24-24-24-24-24-24-24-24-24-24-24-	orania de la companya
information			\$
49. Farm and fishing equipment, implements, machinery, fixt	ures, and tools of trade		
☐ Yes	der transfeldige femilieren geforen och krisionistad transcription symmetrick state som det krisionisch byldegd yppd yran.	no en maria de la comprese de la compansión de la completa de la compansión de la tida de la completa de la co	MALLAND STATE OF THE STATE OF T
	tek familiand an annionstad cortical y folksjoil yn o newennoanaat an andaastigen de folksjoin annionstad annion		******* \$
50. Farm and fishing supplies, chemicals, and feed	од то бол и том том от от 15 д в доб з то почен том по от от 15 д в доб сого и дот 15 д в доб сого и дот том с		and the second
	والمراوات المراوات ا	· · · · · · · · · · · · · · · · · · ·	791110
na romania.			\$
51. Any farm- and commercial fishing-related property you di		. चुन्तर्थात्त्रात्त्वति तर्वात्त्वत्वत्वत्वत्वत्वत्वति । त्रात्त्वत्वत्वत्वत्वत्वत्वत्वत्वत्वत्वत्वत्	¥
☑ No	d not already list		or the state of th
information			\$
52. Add the dollar value of all of your entries from Part 6, incl for Part 6. Write that number here	uding any entries for page	es you have attached	\$ 0
		······	
			**
Part 7: Describe All Property You Own or Hav	e an Interest in Tha	t You Did Not List Above	
53. Do you have other property of any kind you did not alread	lv list?		
Examples: Season tickets, country club membership	,		
ME INO	tion, the profit of the think the second and the second at the profit of the state of the contraction of the second and the se	das renorma un mangen de type deur é un manuer con contra de trades part, project des renorma contractions y en company de la juntifica	
Yes. Give specific information			\$
indination.			\$
STATE AND	inger romant i sanstil kalindari e roman nganggaran da da kalindari e da kanang penghapanan sa sa sa sa	th fortunate transport (APP 1647 to Market an assessment) property of the Continue to the desired to the desired to the continue to the contin	\$
54 Add the dellar value of all of account ().		_	. 0
54. Add the dollar value of all of your entries from Part 7. Write	that number here	·····	\$_0
to the control of the			
Part 8: List the Totals of Each Part of this For	m		
55. Part 1: Total real estate, line 2		→	\$_0
66. Part 2: Total vehicles, line 5	\$		and the state of t
57. Part 3: Total personal and household items, line 15	\$_1000		
58. Part 4: Total financial assets, line 36	\$		
59. Part 5: Total business-related property, line 45	e 0		
·	D	•••	
60. Part 6: Total farm- and fishing-related property, line 52	\$ ⁰	MAN.	
51. Part 7: Total other property not listed, line 54	+ \$ 0		
	And the first own to the second secon	***	was seen a see a see a see a see a see
2. Total personal property. Add lines 56 through 61,	\$ <u>1000</u>	Copy personal property total 👈	+\$_1000
3. Total of all property on Schedule A/B. Add line 55 + line 62			c 1000
into oz.,		***************************************	3
A Company of the Comp			L

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Fill in this information to identify your case Debtor 1 Mark Alan First Name Middle Nar Debtor 2 (Spouse, if filing) First Name Middle Nar United States Bankruptcy Court for the: NORTHE Case number (If known) Official Form 106C	Hammer Last Name Last Name		Check if this is an amended filing
Be as complete and accurate as possible. If two Using the property you listed on Schedule A/B: F space is needed, fill out and attach to this page a your name and case number (if known).	married people are filing to roperty (Official Form 106A	gether, both are equally responsible for supplying	m as evernt if more
For each item of property you claim as exempt specific dollar amount as exempt. Alternative of any applicable statutory limit. Some exempt retirement funds—may be unlimited in dollar allimits the exemption to a particular dollar amount be limited to the applicable statutory and	y, you may claim the full tions—such as those for mount. However, if you o unt and the value of the	fair market value of the property being exempthe to the side of the property being exemption of 100% of fair market value of the second to the	oted up to the amount , and tax-exempt
Part 1: Identify the Property You Cla	m as Exempt		
 Which set of exemptions are you claiming You are claiming state and federal nonbate You are claiming federal exemptions. 11 	nkruptcy exemptions. 11 (

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Schedule A/B that lists this property Amount of the exemption you claim Current value of the Specific laws that allow exemption portion you own Copy the value from Check only one box for each exemption. Schedule A/B Misc. Household Goods Brief 735-5/12-1001(a)(b); **3** \$ description: 100% of fair market value, up to Line from Schedule A/B: any applicable statutory limit Misc. Clothing Brief 735-5/12-1001(a)(b); **-**\$_ \$ 500 description: 100% of fair market value, up to Line from any applicable statutory limit Schedule A/B: Brief **3** \$ description: ☐ 100% of fair market value, up to Line from Schedule A/B: any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) 🛭 No ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? ☐ No ☐ Yes

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Debtor 1

Aark Alan		Hammer
st Name	Middle Name	I not blame

Case number (if known)_____

	•			
г.		٧.	а	•

Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	. \$		
Line from Schedule A/B:		100% of fair market value, up to	
Brief description:	- \$. D s	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	□ \$	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$		
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$		
Line from Schedule A/B: ———		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	- s	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	-	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	U \$	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	······································	
Line from Schedule A/B;		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	□ s —	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	□ \$	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	Па	
Line from Schedule A/B;		\$ 100% of fair market value, up to any applicable statutory limit	

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Fill in this information to identify your ca	se:				
Debtor 1 MARK ALAN	S HAMMER				
First Name Middle	Name Last Name				
Debtor 2 (Spouse, if filing) First Name Middle	Name Last Name				
United States Bankruptcy Court for the:	District of				
	20000				
Case number (If known)				☐ Check	if this is an
				amend	ed filing
Official Form 106D					
Official Form 106D					
Schedule D: Creditor	's Who Have Claims S	ecured b	y Propei	rty	12/15
Be as complete and accurate as possible	. If two married people are filing together,	both are equally re	esponsible for su	innivina correc	÷
information. If more space is needed, cop additional pages, write your name and ca	ov the Additional Page, fill it out, number t	e entries, and atta	ach it to this forn	n. On the top of	any
additional pages, write your name and ca	se number (if Known).				
1. Do any creditors have claims secured i					
No. Check this box and submit this for	m to the court with your other schedules. You	have nothing else	to report on this fo	orm.	
Yes. Fill in all of the information below					
Part 1: List All Secured Claims					
2. List all secured claims. If a creditor has r	note than one secured claim, list the creditor	Columi	RECEDENTAL DESIGNATION DESIGNATION OF THE PROPERTY OF THE PROP	ımn B	Column C
tor each claim. If more than one creditor h	has a particular claim, list the other creditors i	Part 2	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	ue of collateral	Unsecured portion
As much as possible, list the claims in alpi	habetical order according to the creditor's na		collateral, clai		Ifany
2.1	Describe the property that possess the size				_
Creditor's Name	Describe the property that secures the cla	lm: \$	<u> </u>		\$
		NAME OF TAXABLE PARTY.			
Number Street					
***************************************	As of the date you file, the claim is: Check	Il that apply.			
	Contingent Unliquidated				
City State ZIP Code	Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only	An agreement you made (such as mortgage	arnoumd			
Debtor 2 only	car loan)	or secured			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's l	en)			
At least one of the debtors and another	Judgment lien from a lawsuit				
Check if this claim relates to a	Other (including a right to offset)				
community debt					
Date debt was incurred	Last 4 digits of account number	The section of the se		**************************************	ntival latinia managangangangangan kanada kanada
	Describe the property that secures the cla	m: \$	<u> </u>	9	
Creditor's Name					
Number Street					
	As of the date you file, the claim is: Check a	il that apply.			
	Contingent				
City State ZIP Code	Unliquidated				
•	☐ Disputed				
Who owes the debt? Check one. Debtor 1 only	Nature of lien. Check all that apply.				
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage car loan)	or secured			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's li	ın)			
At least one of the debtors and another	Judgment lien from a lawsuit				
☐ Check if this claim relates to a	Other (including a right to offset)	*****			
community debt					
Date debt was incurred	Last 4 digits of account number	The state of the s	6600-bert somheldt a betilde da 1500a ob 2014 - 2015 - 2015	m*/40080.uic380un/a	
Add the dollar value of your entries in (Column A on this page. Write that number	here: \$ <u>0</u>			arrana di Balancia di Santa d

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Fill in this i	information to id	entify your case:	
Debtor 1	Mark	Alan	Hammer
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing	J) First Name	Middle Name	Last Name
United States	Bankruptcy Court fi	or the: NORTHER District	of ILLINOIS
Case number (if known)			

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have priority unsecured cla	ims against you?	· · · · · · · · · · · · · · · · · · ·		
No. Go to Part 2.	mo agamst you:			
☐ Yes.				
m-11/16/21	The second of th	a a a a a a a a a a		
each claim listed identify what type of claims. If a	creditor has more than one priority unsecured claim, list	the creditor sep-	arately for eac	h claim. For
nonpriority amounts. As much as possible, list the	If a claim has both priority and nonpriority amounts, list	that claim here a	nd show both	priority and
unsecured claims, fill out the Continuation Page	e claims in alphabetical order according to the creditor's of Part 1. If more than one creditor holds a particular clai	name. If you have	e more than	wo priority
(For an explanation of each type of claim, see th	e instructions for this form in the instruction booklet.)	m, list the other	creditors in Pa	art 3.
The state of the s	o mondenone for this form in the instruction bookiet.)			
		Total claim	Priority	Nonpriori
1			amount	amount
	Last 4 digits of account number	\$	\$	
Priority Creditor's Name		Ψ	_ ⊅	\$
	When was the debt incurred?			
Number Street	The state of the s			
	 As of the date you file, the claim is: Check all that app 	liz.		
City State 710 Code	- Contingent	ıy.		
State ZIF Code	Unliquidated			
Who incurred the debt? Check one.	Disputed			
Debtor 1 only	La Disputed			
Debtor 2 only	Type of PRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another				
☐ Check if this claim is for a community debt	Taxes and certain other debts you owe the government			
	Claims for death or personal injury while you were			
Is the claim subject to offset? ☐ No	intoxicated			
Yes	Other, Specify			
ACTION OF THE PARTY OF THE PART				
	Last 4 digits of account number	a productiva presidente estrucción estrucción reconstituidos estruccións de la medifectación de la constituida del constituida de la const	Anthropous estation of the Control o	eather-lake strength-pole earther the appropriate pole-times (162
Priority Creditor's Name	Last 4 digits of account number	\$. \$	\$
	When was the debt incurred?			
Number Street	An of the date. See at a second			
	As of the date you file, the claim is: Check all that apply	ι.		
City State 719 Code	Contingent			
, chair Zir Code	Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Tune of BRIODITY			
Debtor 2 only	Type of PRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only	☐ Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government			
Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated			
Is the claim subject to offset?	Other. Specify			
□ No				
Yes				

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Debtor 1

Mark Alan First Name

Middle Name

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Case number (# known)_

Part 2: List All of Your NONPRIORITY Unsecured	Claims	
3. Do any creditors have nonpriority unsecured claims aga	ainst you?	
	orm to the court with your other schedules.	
nonpriority unsecured claim, list the creditor separately for a	abetical order of the creditor who holds each claim. If a creditor hach claim. For each claim listed, identify what type of claim it is. Do not claim, list the other creditors in Part 3.If you have more than three in the content of	as more than one
Ascon Podistarias Latin		Total claim
Assoc. Radiologists Joliet Nonpriority Creditor's Name	Last 4 digits of account number 4510	204
6801 W. 73rd Street Suite 637	When was the debt incurred? _4/8/2015	\$ 394
Number Street Bedford Park IL 60499		
City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent	
Who incurred the debt? Check one.	Unliquidated	
Debtor 1 only Debtor 2 only	☐ Disputed	
Debtor 1 and Debtor 2 only	Time of NONDRIGHTS	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community debt	Student loansObligations arising out of a separation agreement or divorce	
Is the claim subject to offset?	that you did not report as priority claims	
Ø No	☐ Debts to pension or profit-sharing plans, and other similar debt☐ Other. Specify <u>Medical Bills</u>	s
☐ Yes	other. Specify intedical Bills	-
City Of Joliet	Last 4 digits of account number 6696	\$1175
Nonpriority Creditor's Name	When was the debt incurred? 7/10/15	Φ 11/3
P.o. Box 457 Number Street		
Wheeling IL 60090	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 2 only	Time of NONDRIGHT	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Student loans Obligations arising out of a consention account to	
Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
☑ No ☐ Yes	Other. Specify Ambulance Bill	
Comprehensive Path. Service		innerna Nadistant och 5 mins samt dätte kriptilise och 1550 för forti och 1550 det sätte statet.
Nonpriority Creditor's Name	Last 4 digits of account number 9202	e 1020
26570 Network Place Number Street	When was the debt incurred? 4/13/2015	\$ <u>1020</u>
Chicago IL 60673	As of the date you St. Al	
State ZIP Code	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check one.	☐ Contingent ☐ Unliquidated	
Debtor 1 only	☐ Uniquidated ☐ Disputed	
Debtor 2 only Debtor 1 and Debtor 2 only	— viopatou	:
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	;
	☐ Student loans	:
☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce	
In the state of th		· · · · · · · · · · · · · · · · · · ·
Is the claim subject to offset? 2 No	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	

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Debtor 1

Mark Alan
First Name Middle Name

Hammer Last Name

Case number (if known)____

Part 2:

Your NONPRIORITY Unsecured Claims - Continuation Page

Discover Card	Last 4 digits of account number 0371	s 16302
Nonpriority Creditor's Name P.o. Box 6103	When was the debt incurred? 7/21/15	\$ 10302
Number Street	**************************************	
Carol Stream IL 60197	As of the date you file, the claim is: Check all that apply.	
City State ZiP Code	☐ Contingent	
Who incurred the debto of	Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only		
Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	☐ Student loans	
	Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community debt	you did not report as priority claims	
Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	
2 No	Unier, Specify Credit Card	
Yes		
Prince of the Const.	Last 4 digits of account number 0371	manaminet of the nitrogeness days
Discover Card Vanpriority Creditor's Name	wagno or account statility	\$ <u>16302</u>
P.o. Box 6103	When was the debt incurred? 7/21/15	
Number Street	——————————————————————————————————————	
Carol Stream IL 60197	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	Unliquidated	
	☐ Disputed	
Debtor 1 only	_	
Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
s the claim subject to offset?	 Debts to pension or profit-sharing plans, and other similar debts Other, Specify Credit Card 	
Δ No	Other, Specify <u>Credit Card</u>	
Yes		
v as more than the size of the distance were the proposition of the size of	1000000000000000000000000000000000000	**************************************
Em Strategies Lts.	Last 4 digits of account number 8361	\$_980
onpriority Creditor's Name	18/han was Ab at 111	
P.o. Box 1208	When was the debt incurred? 7/28/15	
umber Street	As of the date you file, the claim is: Check all that apply.	
Bedford Park II. 60499 Hy State ZIP Code		
. State ZIP Code	Contingent Unliquidated	
/ho incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
Debtor 1 only	₩ επερατου 	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	Student loans	
At least one of the debtors and another	***	
Check if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Debts to pension or profit-sharing plans, and other similar debts	
the claim subject to offset?	Other, Specify Medical Bills	
l No	The second secon	

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Mark Alan First Name

Hammer Document

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Case number (# known)

Debtor 1

Part 1: Your PRIORITY Unsecured Claims — Continuation Page

~··	ter listing any entries on this page, number their	n beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
	Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
	Number Street	When was the debt incurred?			
		As of the date you file, the claim is: Check all that apply.			
	City State ZIP Code	Contingent			
	City State ZiP Code	☐ Unliquidated ☐ Disputed			
	Who incurred the debt? Check one.	☐ Disputed			
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only	Domestic support obligations			
	Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
	At least one of the debtors and another	Claims for death or personal injury while you were			
	☐ Check if this claim is for a community debt	intoxicated Other. Specify			
	Is the claim subject to offset?				
	□ No □ Yes				
	THE STATE OF THE S		\$	Cidella (haran maran sa	
	Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
	Priority Creditor's Name	When was the debt incurred?			
	Number Street	when was the debt incurred?			
		As of the date you file, the claim is: Check all that apply.			
		☐ Contingent			
	City State ZIP Code	Unliquidated			
	Who incurred the debt? Check one.	☐ Disputed			
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only				
	Debtor 1 and Debtor 2 only	Domestic support obligations			
	At least one of the debtors and another	Taxes and certain other debts you owe the government Claims for death or personal injury while you were			
	☐ Check if this claim is for a community debt	intoxicated			
		Other. Specify			
	Is the claim subject to offset?				
	□ No □ Yes				
T		Command for the company and the command of the comm	hetika 1954 (1770) de 17 comindos consentració (1970) de 1770 (197	ts downs from company, Addition on designing a garage	en la constitue par la consegui de
	Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
		When was the debt incurred?			
	Number Street	Mainting Art of the year of the Art of the A			
		As of the date you file, the claim is: Check all that apply.			
		Contingent			
	City State ZiP Code	Unliquidated			The state of the s
	Who incurred the debt? Check one.	☐ Disputed			
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only	Domestic support obligations			
	Debtor 1 and Debtor 2 only	☐ Taxes and certain other debts you owe the government			
	At least one of the debtors and another	Claims for death or personal injury while you were			
	Check if this claim is for a community debt	intoxicated Other. Specify	nn troonneamadh i seal is trogailleánan eagrainn sealaga	de la company	MANARA JANIS AM TAPANSIR AND MISSIONES AND
	Is the claim subject to offset?				The State Commonwealth
	□ No				
	☐ Yes				

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Debtor 1

Mark Alan First Name

Case number (# known)_

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

		THE STATE OF
Guardian Critical Care Service	Last 4 digits of account number 8112	s 3197
Nonpriority Creditor's Name P.o. Box 457	When was the debt incurred? 1/18/15	* <u>~1//</u>
Number Street	Truste and an analysis and a second a second and a second and a second and a second and a second a second and	
Wheeling IL 60090	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
☐ At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
Is the claim subject to offset?	 Debts to pension or profit-sharing plans, and other similar debts Other. Specify <u>Medical Bills</u> 	
Mo No		
Yes		
Haartland Cardiarasaanaa Cordiarasaanaa Cordiaraa	Last 4 digits of account number6028	_{\$} 955
Heartland Cardiovascular Cente Nonpriority Creditor's Name	# /AG/4 P	\$_700
415 Main Street	When was the debt incurred? 7/28/15	
Number Street	As of the date you file, the claim is: Check all that apply.	
Streator IL 61364-213 City State ZIP Code		
5.50	Contingent Unliquidated	
Who incurred the debt? Check one.	Disputed	
Debtor 1 only		
Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
ls the claim subject to offset?	Other, Specify Medical Bills	
ŹÚ No □ Yes		
979727999666666 with makes larger way of the hope of 97566666 and 92199666 and 9219666 and 9319666 and 931966 and 9319666 and 93196666 and 93196666 and 93196666 and 931966666 and 9319666666 and 931966666666 and $931966666666666666666666666666666666666$	and a representative his interface (and a product of the contract of the con	• F35
Hedges Clinic	Last 4 digits of account number	\$ <u>525</u>
Nonpriority Creditor's Name	When was the debt incurred? 8/6/15	
222 Colorado Avenue Number Street		
Frankfort IL 60423	As of the date you file, the claim is: Check all that apply.	
Dity State ZIP Code	Contingent	
Who incurred the debt? Check one.	Unliquidated	
Debtor 1 only	Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
n the eleim muhimat to million	Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?	Other, Specify Medical Bills	

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Debtor 1

Mark Alan
First Name Middle Name

Hammer

Case number (# known)_

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

Midwest Respiratory Lts.	Last 4 digits of account number 1563	\$ 456
Nonpriority Creditor's Name 10660 West 143rd Street, Suite	When was the debt incurred? 5/08/15	V
lumber Street	As of the date year file the elements to Class and	
Orland Park IL 60462	As of the date you file, the claim is: Check all that apply.	
State ZIP Code Who incurred the debt? Check one. Debtor 1 only	☐ Contingent ☐ Unliquidated ☐ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community debt	you did not report as priority claims	
s the claim subject to offset? 1 No 1 Yes	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical Bills	
Sorthwestern Medicine	Last 4 digits of account number 8471	s 123e
onpriority Creditor's Name	M 24 2015	Ψ
8155 Network Place umber Street	THE HIS THE GEST INCUITED:	
Chicago IL 60673	As of the date you file, the claim is: Check all that apply.	
ity State ZIP Code	☐ Contingent	
/ho incurred the debt? Check one.	Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Student loans	
Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
No 1 Yes	✓ Other. Specify Medical Bills	
ilver Cross Hospital	Last 4 digits of account number 9861	\$ <u>26972</u>
npriority Creditor's Name		
900 Silver Cross Blvd.	When was the debt incurred?	
ew Lenox IL 60451	As of the date you file, the claim is: Check all that apply.	
y State ZIP Code	Contingent	
ho incurred the debt? Check one.	Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 2 only	Tuno of MONDBIODITY was a second of	
Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
Chaok if this alaim is fan a saw	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
the claim subject to offset?		

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Debtor 1

Hammer

Case number (if known)_

Part 2:

Your NONPRIORITY Unsecured Claims - Continuation Page

Silver Cross Hospital	Last 4 digits of account number 1510	\$ <u>51</u>
tonpriority Creditor's Name 2250 E. Devon Avenue Suite 352	When was the debt incurred? 8/7/15	•
lumber Street	As of the date you file, the claim is: Check all that apply.	
Des Plaines IL 60018	· ·	
Vho incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt the claim subject to offset? No Yes	 ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical Bills 	
Silver Cross Hospital Onpriority Creditor's Name	Last 4 digits of account number 9446	\$_4050
onpriority Creditor's Name 900 Silver Cross Blvd.	When was the debt incurred? 7/3/2012	
umber Street	As of the date you file, the claim is: Check all that apply.	
New Lenox IL 60451 ty State ZIP Code		
ty State ZIP Code	☐ Contingent☐ Unliquidated	
fho incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
Debtor 1 only	→ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		
At least one of the debtors and another	Student loans	
	Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
the claim subject to offset? No I Yes	Other. Specify Medical Bills	
outhwest Cardio Consultants	Last 4 digits of account number 9393	\$ <u>25</u>
onpriority Creditor's Name 801 Black Road Suite A	When was the debt incurred? 4/10/15	
mber Street oliet IL 60435-2929	As of the date you file, the claim is: Check all that apply.	
y State ZIP Code	Contingent	
ho incurred the debt? Check one.	Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 1 only Debtor 2 only	T / NONDOIODITY	
Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
	Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
the claim subject to offset?	Other, Specify Medical Bills	

Case 17-09971 Doc 1 Filed 03/30/17 Entered 03/30/17 09:15:32 Desc Main Hammer Document Page 31 of 59 Debtor 1 Case number (if known) Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim. Total claim 6a. Domestic support obligations **Total claims**

from Part 1 6b. Taxes and certain other debts you owe the government 6b. 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 0 6e. Total. Add lines 6a through 6d. 6e. 0 Total claim 6f. Student loans Total claims 6f. from Part 2 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority 6g. 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6i 84768 6j. Total. Add lines 6f through 6i. 6j. 84768

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	Notes (Astronomical)	information	CO Ideliting y	our case:							
Deb	otor I	Mark		Alan	Hammer						
Deb	otor 2	First Name		Middle Name	Last Name						
		J) First Name		Middle Name	Last Name						
Unit	ed States	Bankruptcy C	Court for the N	ORTHERois	trict of <u>ILLINO</u> IS						
	e numbei nown)									Check if t	
~~~											
		Form 1									
Sc	hed	ule G:	Exec	utory (	Contracts	and Un	expire	d Leas	ses	1	2/15
1. [ [ 2. L	Do you I No. ( Yes. ist sepa	have any ex Check this bo Fill in all of the	ecutory con ox and file this he informatio	tracts or under storm with the notation below ever	additional page, fill it inber (if known).  expired leases?  ne court with your other if the contracts or lead to the instructions for the instruction for	er schedules. Yo ases are listed o	ou have nothir	ng else to rep /B: Property	ort on this for (Official Form	m. 1106A/B).	
2.1	erson c	or company	with whom y	you have the	e contract or lease		State what t	he contract	or lease is fo	) (**)	
2.1 ⊼		or company Street	with whom	you have the	e contract or lease		State what t	he contract	or lease is fo	<b>Dr</b>	
2.1 N	lame		with whom y				State what t	he contract	or lease is fo	or Services	
2.1 N	lame lumber					and visibility is a new year 12 depoint of	State what t	he contract	or lease is fo		
2.1 N	lame lumber					milde, ettidisk fil erakminek (1-dandonak	State what t	he contract	Or lease is fo	D <b>Y</b>	
2.1 N	lumber Sity	Street				mining with Grant St. Grant work of St.	State what t	he contract	or lease is fo	D <b>I</b>	
2.1 N	Name Number Dity						State what t	he contract	or lease is fo	DIT	Medicina descriptor
2.1 \( \bar{\chi} \)	lumber Sity	Street		ate ZIP Coc	de	militing selection and the dependence of the dep	State what t	he contract	or lease is fo		
2.1	Jame Jumber Sity Jame Jumber	Street	Sta Sta	ate ZIP Coc	de		State what t	he contract	Or lease is fo		
2.1	lumber City lame	Street	Sta Sta	ate ZIP Coc	de		State what t	he contract	or lease is fo		
2.2	Jame Jumber Sity Jame Jumber	Street	Sta Sta	ate ZIP Coc	de		State what t	he contract	Or lease is fo	Der STETE GET GET GET GET STETE GET GET GET GET GET GET GET GET GET	
2.2	Jame Jumber Dity Jame Jumber Jumber Jumber Jumber Jumber Jumber Jumber	Street  Street	Sta W (C) TO ATT AND THE ART TO ATT AND THE ATT AND TH	tle ZIP Coc	de  le		State what t	he contract	or lease is fo		erokamanika kindu (kindu (kind
2.2 N N N N N N N N N N N N N N N N N N	Jame Jumber Dity Jame Jumber Jumber Jumber Jumber Jumber Jumber Jumber	Street  Street	Sta Sta	te ZIP Cod	de  le		State what t	he contract	Or lease is for		
2.1	Jame Jumber Dity Jame Jumber Jumber Jumber Jumber Jumber Jumber Jumber	Street  Street	Sta W (C) TO ATT AND THE ART TO ATT AND THE ATT AND TH	tle ZIP Coc	de  le		State what t	he contract	or lease is fo		
2.1	Jame Jumber Dity Jame Jumber Jumber Jumber Jumber Jumber Jumber Jumber	Street  Street	Sta W (C) TO ATT AND THE ART TO ATT AND THE ATT AND TH	tle ZIP Coc	de  le		State what t	he contract	Or lease is for the control of the c		Professional and a misconsistency on the professional and a misconsistency of
2.1	Jame Jumber	Street	Sta W (C) TO ATT AND THE ART TO ATT AND THE ATT AND TH	te ZIP Cod			State what t	he contract	Or lease is for		and dissillated entry and array of the state
2.1	Jame Jumber	Street	Sta  Stal  Stal  Stal	tte ZIP Cod			State what t	he contract  1978 of the diversion which are appropriate for an extension of the part of of t	Or lease is for Management of the Administration of the Administra		
2.1	Jame Jumber	Street	Sta  Stal  Stal  Stal	tte ZIP Cod			State what i	he contract	Politica de la companya de primeira de la companya de primeira de la companya de primeira de la companya del companya del companya de la companya de la companya de la companya del company		

State

ZIP Code

City

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Deb	tor 1	Mark Alan	Middle Name	Hammer Last Name	Case number (# known)
		Additional I	Page if You H	ave More Contracts or L	eases
	Person	process of the following	79.4.1	have the contract or lease	What the contract or lease is for
2.6					
	Name				***************************************
	Number	Street			<del></del>
:	City		State	ZiP Code	
2.7	enstelle avonge (Mac)	titut tijite tijat i gri cireka koje er ga ee kej personage grege	tarapatatan ing kapalan ang tarahan and parabatan ang parabatan an and tarah	k yilik efektilik ilk ilk ilk ilk ilk ilk ilk ilk ilk	
	Name	, , , , , , , , , , , , , , , , , , ,			MANUAL AND
	Number	Street			
	City		State	ZIP Code	
2.8	de a factor e la terra la aces	ili kan han na rawawa meneneta li San Belandaran.	Distriction and the section of the s	tra Tarther Sheath haad in terra en ar tra tra tre treatment en greng en group de de grâdig de gânde a de en e	
`	Name				
	Number	Street			MARKATURE PROPERTY.
:	City		State	ZIP Code	
20		and general and the state of the second and the second and general and the second and the second and the second	Control of the Contro	ZII: Code  Microbiological and a significant of the control of the	
2.9	Name	· · · · · · · · · · · · · · · · · · ·			
:	Number	Street			
		Sueer			
	City	Diggs participating constitution are now a necessary to	State	ZIP Code	Start for a first start of the
2.10					
	Name				
	Number	Street			
	City		State	ZIP Code	<del></del>
2.11				e de la companya de l Companya de la companya de la compa	
	Name				
	Number	Street			
	City	***************************************	State	ZIP Code	
2.12	et e thus our transc	entermente potra matra transfer exembli Novelmili	reduli dada sama wasa mwanga kanagan kutawang da gancara	C DOLLER & CO. ECO. LLON ESSENSE BERNESKE ESSELLEN EN STEMBER LENGEN EN ER	
	Name		***************************************		Anna Anna Anna Anna Anna Anna Anna Anna
	Number	Street	******		
	City	······	State	ZiP Code	Antheron Ant
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	Name				
	Number	Street			
	City		State	ZIP Code	

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Fill	in this info	ormation to ident	ify your case:					
Det	otor 1 Ma	rk	Alan	Hammer				
		irst Name	Middle Name	Last Nan	ne			
	otor 2 ouse, if filing) F	irst Name	Middle Name	Last Nam	le .			
Uni	ted States Ba	akruptov Court for th	NORTHER Distri	ist of ILLINOIS				
1		imoptoy obarrior g.	OKTIISK OSU	C( 0)				
	se number .nown)							Observation to a
						<del></del>		Check if this is an amended filing
Off	icial Fo	orm 106H						3
<del></del>			ır Codebi	tors				40/47
***************************************								12/15
are n	number the	er, both are equa- entries in the bo	ally responsible fo	or supplying corre	ect information.	lf more space i	and accurate as possibles needed, copy the Add pof any Additional Pag	itional Page fill it out
1. [	Do you hav	e any codebtors	? (If you are filing a	ioint case, do not	list either spouse	as a codebtor.		and distributed from the species of the second species and the secon
	☑ No			, == ::•				
	Yes							
2.	<b>Within the I</b> Arizona, Ca	l <mark>ast 8 years, have</mark> lifornia, Idaho, Loi	e <b>you lived in a co</b> uisiana, Nevada, N	mmunity property lew Mexico, Puerto	state or territor Rico, Texas, Wa	ry? (Communit) ashington, and \	r property states and terril Visconsin.)	ories include
	No. Go t						,	
	Yes. Did	l your spouse, form	mer spouse, or leg	al equivalent live w	ith you at the time	e?		
	☐ No							
	Yes.	In which commun	nity state or territor	y did you live?		Fill in the nar	me and current address o	f that person.
	Name	e of your spouse, forme	r spouse, or legal equiva	ilent				
	Numi	ber Street						
	City		State		7/00-1			
	,				ZIP Code			
3	shown in lir Schedule D Schedule E	ne 2 again as a c (Official Form 1	odebtor only if tha	at person is a gua /F (Official Form 1	rantor or cosign	ner. Make sure dule G (Official Colum	se is filing with you. Lis you have listed the cred Form 106G). Use Sched on 2: The creditor to who call schedules that apply:	litor on lule D, m you owe the debt
<u></u>	Name					<b>u</b> s	chedule D, line	
						□ s	chedule E/F, line	
	Number	Street				O s	chedule G, line	
	City		S	fate	ZIP Code	***************************************		
3.2								
	Name						chedule D, line	b c
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	Number	Street				☐ s	chedule G, line	
- 1	City		S	late	ZIP Code		TO PART OF THE PAR	1801 F 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3.3							The second secon	The state of the s
	Name						hedule D, line	Total Paris
	Number	Street					chedule E/F, line	
						<b>∟</b> Sc	hedule G, line	į

Official Form 106H

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Debtor 1	Mark Alan First Name Middle Nam	Hammer  Last Name	Cas	e number (if known)
	Additional Page to	List More Codebtors		
Colur	nn 1: Your codebtor			Column 2: The and the state of
3]				Column 2: The creditor to whom you owe the debt Check all schedules that apply:
Name				☐ Schedule D, line
				☐ Schedule E/F, line
Numb	er Street			☐ Schedule G, line
City		State	ZIP Code	
3		The state of the s	The second secon	
Name				Schedule D, line
				Schedule E/F, line
Numbi	er Street			☐ Schedule G, line
City		State	ZIP Code	
3Name				☐ Schedule D, line
				☐ Schedule E/F, line
Numbe	er Street			☐ Schedule G, line
City		State	ZIP Code	
3 Name				Schedule D, line
Name				Schedule E/F, line
Numbe	r Street			☐ Schedule G, line
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City		State	ZIP Code	
Name				☐ Schedule D, line
				☐ Schedule E/F, line
Number	Street		A STATE OF THE STA	☐ Schedule G, line
City		State	ZIP Code	Advisor and the second
_	(1 d t t t t t t t t t t t t t t t t t t		ZIP Code	
Name				☐ Schedule D, line
				Schedule E/F, line
Number	Street			Schedule G, line
City		State	ZIP Code	
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Name				□ Schedule D, line
Number	Street			Schedule E/F, line
				Correduce G, and
City		State	ZIP Code	
Name				Schedule D, line
				Schedule E/F, line
Number	Street			☐ Schedule G, line
City		Ctoto		

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Fill in this	information to identify	your case:				
Debtor 1	Mark	Alan	Hammer			
Debtor 2	First Name	Middle Name	Last Name			
(Spouse, if filir	ng) First Name	Middle Name	Last Name	-		
United State	s Bankruptcy Court for the:	NORTHER District of	LINOIS			
Case numbe	er			Check if	this is:	
(If known)				i	nended filing	
				☐ A sup	plement showing po	
Official F	Form 106I			incom	e as of the following	date:
		- •••		MM /	DD / YYYY	
	dule I: You		people are filing together (I			12/15
Part 1:  Fill in yo	Describe Employn  ur employment	top of any additional p	J, do not include informati ages, write your name and	d case number (if i	known). Answer every	question.
informat			Debtor 1	***************************************	Debtor 2 or non-	filing spouse
attach a s	ve more than one job, separate page with on about additional rs.	Employment status	☑ Employed ☐ Not employed		Employed  Not employed	
	art-time, seasonal, or oved work.				, •	
Occupation	on may include student naker, if it applies.	Occupation	warehouse handler			
		Employer's name	Navistar			
		Employer's address	Nelson Road, Newl Le	enox, IL 60451		
			Number Street		Number Street	
			City State	ZIP Code	City	
		How long employed th	_	Zir Code	City	State ZIP Code
		now long employed to	ere? 1.5 years			
Part 2:	Give Details About	Monthly Income				
Estimate			rm. If you have nothing to re	port for any	11. CO 1 11	
If you or y	ness you are separated. our non-filing spouse ha		ver, combine the information			•
Selow. II y	ou need more space, at	lach a separate sneet to	inis torm.	For Debtor 1	For Debtor 2 or non-filing spouse	
List mon deduction	nthly gross wages, salans). If not paid monthly,	rry, and commissions (b calculate what the month	efore all payroll y wage would be. 2.	\$ 525	\$	•
Estimate	and list monthly over	ilme pay.	3. +	\$ 0	+ \$	
Calculate	e gross income. Add lin	ne 2 + line 3.	4.	\$ <u>525</u>	\$	
			<u> </u>	<u>-</u>	L	

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For Debtor 1 For Debtor 2 or non-filing spouse  Copy line 4 here	
Copy line 4 here	
Copy line 4 here	
50 Tay Madiana and Cartal County 1 1 1	
5a. Tax, Medicare, and Social Security deductions	
5a. \$125 \$  5b. Mandatory contributions for retirement plans 5b. \$0 \$	
5c. Voluntary contributions for retirement plans 5c. \$ 25 \$	
5d. Required repayments of retirement fund loans 5d. \$0 \$	
5e. Insurance 5e. \$35	
5f. Domestic support obligations 5f. \$ 0 \$	
5g. Union dues 5g. \$10 \$	
5h. Other deductions. Specify: 5h. +\$0 + \$	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 6. \$195	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$330 \$	
8. List all other income regularly received:	
8a. Net income from rental property and from operating a business, profession, or farm	
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8a. \$0 \$	
8b. Interest and dividends 8b. \$0 \$	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 0	
8d. Unemployment compensation 8d. \$ 0 \$	
8e. <b>\$0 \$</b>	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	
Specify: 8f. \$ 0 \$	
8g. Pension or retirement income 8g. \$0 \$	
8h. Other monthly income. Specify: 8h. +\$0 +\$	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$0 \$	
0. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  10. \$330 + \$	)
1. State all other regular contributions to the expenses that you list in Schedule J.	
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.	
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. + \$ 0	
2. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Your Access and Linkston.	
Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12.	
13. Do you expect an increase or decrease within the year after you file this form?  Z No.	oined hfy income
Yes. Explain:	

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Fill in this information to identi	fy your case:			
Debtor 1 Mark First Name	Alan Hammer			
Debtor 2	Middle Name Last Name	Check if t		
(Spouse, if filing) First Name	Middle Name Last Name		nended filing	
United States Bankruptcy Court for the	NORTHER District of ILLINOIS	expen	plement showing pos ses as of the followir	stpetition chapter 13
Case number (If known)			DD / YYYY	g dato.
Official Form 106J				
Schedule J: Yo				12/15
Be as complete and accurate as prinformation. If more space is need (if known). Answer every question Part 1: Describe Your Ho		ing together, both are equally n. On the top of any additional	responsible for suppl pages, write your nan	ying correct ne and case number
Is this a joint case?				
No. Go to line 2. Yes. Does Debtor 2 live in a	separate household?			
No Yes. Debtor 2 must fi	ile Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.		
Do you have dependents?	No	et destate de la company de la la company de la company La company de la company d	ert for een en stift fan in Frestolds stat Nos Liest fan Angelek folkste tot stift fan Sterkelings fe	era kon Artinana da arragan yang kan da pangan yang kan kan da
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state the dependents' names.		Daughter	13	V No Ves
		Son	9	<b>Z</b> No
				Yes
				<b>☑</b> No
				Yes
				No Yes
				☑ No
and the second of the second o	Committee of the Commit			Yes
Do your expenses include expenses of people other than yourself and your dependents?	☑ No □ Yes			Total S
ert 2: Estimate Your Ongoi	ng Monthly Expenses		ad Marine in Commission of the	raggamentajas (1945 - 1946an Beyarrago), 1 o dirakiji neprajivo majarrago preka kulik, ge ega
	bankruptcy filing date unless you ar	a using this for-		
penses as of a date after the ban oplicable date.	kruptcy is filed. If this is a suppleme	e using this form as a supplien ntal Schedule J, check the box	ent in a Chapter 13 ca at the top of the form	ase to report and fill in the
clude expenses paid for with non ich assistance and have included	-cash government assistance if you I it on Schedule I: Your Income (Offic	know the value of ial Form 106l.)	Your expen	
	xpenses for your residence. Include f		\$ <u>830</u>	Conception and the American conception of the American Security (
If not included in line 4:			••	-
4a. Real estate taxes			4a. <b>\$</b> _0	
4b. Property, homeowner's, or re	enter's insurance		4b. \$ 0	
4c. Home maintenance, repair, a	and upkeep expenses		4c. \$ 0	AND
4d. Homeowner's association or	condominium dues		4d. \$ 0	

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Debtor 1 Mark Alan Hammer Case number (# known)

			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$ 0
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$_75
	6b. Water, sewer, garbage collection	6b.	\$ <u>0</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$ <u>150</u>
	6d. Other Specify: cable	6d.	<b>§</b> 130
7.	Food and housekeeping supplies	7.	\$ <u>200</u>
8.	Childcare and children's education costs	8.	\$ <u></u>
9.	Clothing, laundry, and dry cleaning	9.	\$ <u>50</u>
10.	Personal care products and services	10.	<b>\$</b> 30
11.	Medical and dental expenses	11.	§ <u>85</u>
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.	12.	\$ <u>30</u>
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$ <u>35</u>
14.	Charitable contributions and religious donations	14.	\$ <u>0</u>
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$ <u>0</u>
	15b. Health insurance	15b.	\$ <u>30</u>
	15c. Vehicle insurance	15c.	\$ <u>200</u>
	15d. Other insurance. Specify:	15d.	\$ <u>0</u>
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:	16.	\$
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	\$_300
	17b. Car payments for Vehicle 2	17b.	\$_0
	17c. Other, Specify:	17c.	\$ <u>0</u>
	17d. Other. Specify:	17d.	\$ <u>0</u>
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$_ <b>0</b>
	Other payments you make to support others who do not live with you.  Specify: children expenses	40	e 100
		19.	<b>7</b>
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom-	9.	. 0
	20a. Mortgages on other property	20a.	\$ 0
	20b. Real estate taxes	20b.	\$_0
	20c. Property, homeowner's, or renter's insurance	20c.	\$_0
	20d. Maintenance, repair, and upkeep expenses	20d.	\$_0
	20e. Homeowner's association or condominium dues	20e.	\$_0

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Debtor	1 Ma	rk Alan ame Middle Na		Hammer Last Name		Ca	ase number (# known)	***************************************	
21. <b>O</b> I	ther. Specify						21.	+\$_0	
22. <b>C</b> a	alculate you	r monthly expe	nses.						
22	a. Add lines	4 through 21.					22a.	_{\$_224}	5
22	b. Copy line	22 (monthly exp	enses for	Debtor 2), if any	, from Official Form 1	106J-2	22b.	\$	
22	c. Add line 2	2a and 22b. The	e result is	your monthly exp	penses.		<b>22</b> c.	\$	
23. <b>Cal</b>	culate your	monthly net in	come.						
23a	. Copy line	12 (your combin	ned month	nly income) from	Schedule I.		23a.	\$ <u>33(</u>	)
23b.	. Copy you	r monthly expen	ses from	ine 22c above.			23b.	-\$ <u>22</u>	45
23c.		your monthly exp t is your <i>monthl</i> y		im your monthly ine.	income.		<b>23c</b> .	\$19	015
					ses within the year a				
mor	rtgage payme				an within the year or modification to the ten		-		
<b>4</b>	No.		v			-4811			
	Yes. Exp	olain here:							

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Debtor 1	Mark	Alan	Hammer	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
		Middle Name r the: NORTHER Distric		

Check if this is an amended filing

#### Official Form 106Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below		
Did you pay or agree to pay someone who is NOT  No Yes. Name of person Consumer Ba  Specialist		
and and and confect.	the summary and schedules filed with this declaration and	
Signature of Debtor 1  Date 03-23-2017  MM / DD / YYYY	Signature of Debtor 2  Date  MM / DD / YYYY	

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ebtor 1	Mark First Name	Alan Middle Name	Hammer Last Name	TOTAL MARKATA AND AND AND AND AND AND AND AND AND AN	
btor 2	g) First Name	Middle Name		······································	
		the: NORTHER District	Last Name		
se numbe			· • · · · · · · · · · · · · · · · · · ·		
nown)					Check if this is amended filing
					amonaca ming
ficial	Form 107				
				viduals Filing for Bankru	
Marr Not r  During to No Yes.	married he last 3 years, hav	el status?  ye you lived anywhere s you lived in the last 3 y	rears. Do not include Dates Debtor 1		
Marr Not r  During to  No Yes.	ied married he last 3 years, have	ve you lived anywhere	rears. Do not include	e where you live now.	Dates Debtor 2 lived there
Marr  During to  No  Yes.	ied married he last 3 years, have List all of the places btor 1:	ve you lived anywhere	rears. Do not include Dates Debtor 1	Debtor 2:  Same as Debtor 1	lived there
Marr Not r  During ti  No Yes.	ied married he last 3 years, have	ve you lived anywhere	Pates Debtor 1	Debtor 2:	lived there
Marring to During to Yes.	ied married he last 3 years, have List all of the places btor 1:	ve you lived anywhere	Dates Debtor 1 lived there	Debtor 2:  Same as Debtor 1	Same as Debto
Marr During the Model of the Marriage of the	ied married  he last 3 years, have List all of the places btor 1:	ve you lived anywhere	Dates Debtor 1 lived there	Debtor 2:  Same as Debtor 1	Same as Debto
During to No Pel	ied married  he last 3 years, have List all of the places btor 1:	ve you lived anywhere s you lived in the last 3 y	Dates Debtor 1 lived there	Debtor 2:  Same as Debtor 1  Number Street	Same as Debto From To
During to No.  During to No.  Del	ied married  he last 3 years, have List all of the places btor 1:	ve you lived anywhere s you lived in the last 3 y	Dates Debtor 1 lived there	Debtor 2:  Same as Debtor 1  Number Street  City State ZIP Code	Same as Debto From To
During to No.  During to No.  Del	ied married  he last 3 years, have List all of the places btor 1:	ve you lived anywhere s you lived in the last 3 y	Pates Debtor 1 lived there  From To	Debtor 2:  Same as Debtor 1  Number Street  City State ZIP Code	Same as Debto From To
During to No.  During to No.  Del	ied married  he last 3 years, have List all of the places btor 1:	ve you lived anywhere s you lived in the last 3 y	Pears. Do not include Dates Debtor 1 lived there  From To  From From	Debtor 2:  Same as Debtor 1  Number Street  City State ZIP Code	Same as Debto From To  Same as Debtor From
During to No.  During to No.  Del	ied married  he last 3 years, have List all of the places btor 1:  mber Street	ve you lived anywhere s you lived in the last 3 y	Pears. Do not include Dates Debtor 1 lived there  From To  From From	Debtor 2:  Same as Debtor 1  Number Street  City State ZIP Code	Same as Debto From To Same as Debto From To To

**Explain the Sources of Your Income** 

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Did you have any income from employmer Fill in the total amount of income you receive If you are filling a joint case and you have income You are Fill in the details.	d from all jobs and all bus	inesses, including part-ti	me activities.	ndar years?
	Debtor 1	the Barner of the Confessors	Debtor 2	policy is to delete on
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips Operating a business	\$_0	<ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	\$_0
For last calendar year: (January 1 to December 31,	☐ Wages, commissions, bonuses, tips ☐ Operating a business	\$	Wages, commissions, bonuses, tips  Operating a business	\$
For the calendar year before that:  (January 1 to December 31,	☐ Wages, commissions, bonuses, tips ☐ Operating a business	\$	☐ Wages, commissions, bonuses, tips ☐ Operating a business	\$_0
Did you receive any other income during to Include income regardless of whether that inc unemployment, and other public benefit paym gambling and lottery winnings. If you are filing	ome is taxable. Examples nents; pensions; rental inco a joint case and you have	of other income are alimome; interest; dividends; e income that you receive	money collected from laws: ed together, list it only once	uits; royalties; and
Did you receive any other income during to Include income regardless of whether that income unemployment, and other public benefit paying gambling and lottery winnings. If you are filing	come is taxable. Examples incuts; pensions; rental incuts; pensions; rental incuts; a joint case and you have each source separately. Do	of other income are alimome; interest; dividends; e income that you receive	money collected from lawsued together, list it only once tyou listed in line 4.	uits; royalties; and
Did you receive any other income during the include income regardless of whether that income income regardless of whether that income public benefit payment, and other public benefit payment gambling and lottery winnings. If you are filing it each source and the gross income from each No	ome is taxable. Examples nents; pensions; rental inco a joint case and you have	of other income are alimome; interest; dividends; e income that you receive	money collected from laws: ed together, list it only once	uits; royalties; and
Did you receive any other income during to include income regardless of whether that incomendation unemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from each	come is taxable. Examples tents; pensions; rental income a joint case and you have each source separately. Do Debtor 1	of other income are alimone; interest; dividends; e income that you receive to not include income that  Gross income from each source  (before deductions and	money collected from lawsued together, list it only once it you listed in line 4.  Debtor 2  Sources of income Describe below.	Gross income from each source (before deductions)
Did you receive any other income during the include income regardless of whether that income public benefit paym pambling and lottery winnings. If you are filing it each source and the gross income from a No Yes. Fill in the details.  From January 1 of current year until	come is taxable. Examples tents; pensions; rental income is a joint case and you have each source separately. Do Debtor 1  Sources of income Describe below.	of other income are alimome; interest; dividends; e income that you receive to not include income that grows income from each source (before deductions and exclusions)	money collected from lawsued together, list it only once it you listed in line 4.  Debtor 2  Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
Did you receive any other income during the notice income regardless of whether that income public benefit payment, and other public benefit payment in and lottery winnings. If you are filling it each source and the gross income from each source and the gross income from each in the details.  From January 1 of current year until the date you filed for bankruptcy:	pome is taxable. Examples tents; pensions; rental income is a joint case and you have the person of the pensions. The pensions of the pensions	of other income are alimone; interest; dividends; e income that you receive to not include income that  Gross income from each source (before deductions and exclusions)  \$ 0	money collected from laws; ed together, list it only once it you listed in line 4.  Debtor 2  Sources of income Describe below.	Gross income from each source (before deductions and exclusions)  \$ 0 \$ \$
Did you receive any other income during the notice income regardless of whether that income properties and other public benefit payments and lottery winnings. If you are filing and lottery winnings, if you are filing as each source and the gross income from each of the properties.  No Yes, Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:	pome is taxable. Examples tents; pensions; rental income is judy a joint case and you have each source separately. Do Debtor 1  Sources of income Describe below.	of other income are alimone; interest; dividends; e income that you receive to not include income that  Gross income from each source (before deductions and exclusions)  \$ 0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	money collected from laws; ed together, list it only once it you listed in line 4.  Debtor 2  Sources of income Describe below.	Gross income from each source (before deductions and exclusions)  \$ 0 \$ \$ \$ \$ \$ \$ \$ \$ 0 \$ \$ \$ \$ \$ \$ \$ \$
Did you receive any other income during the notice income regardless of whether that income public benefit payment, and other public benefit payment publing and lottery winnings. If you are filing his each source and the gross income from a No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:  (January 1 to December 31,	pome is taxable. Examples tents; pensions; rental income is judy a joint case and you have each source separately. Do Debtor 1  Sources of income Describe below.	of other income are alimone; interest; dividends; e income that you receive to not include income that  Gross income from each source (before deductions and exclusions)  \$ 0	money collected from laws; ed together, list it only once it you listed in line 4.  Debtor 2  Sources of income Describe below.	Gross income from each source (before deductions and exclusions)  \$ 0 \$ \$ \$ \$ \$ \$ \$ \$ 0 \$ \$ \$ \$ \$ \$ \$ \$
Did you receive any other income during the Include income regardless of whether that incumemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from a No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:  (January 1 to December 31,	pome is taxable. Examples tents; pensions; rental income is a joint case and you have the personal per	of other income are alimone; interest; dividends; e income that you receive to not include income that  Gross income from each source (before deductions and exclusions)  \$ 0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	money collected from laws; ed together, list it only once it you listed in line 4.  Debtor 2  Sources of income Describe below.	Gross income from each source (before deductions and exclusions)  \$ 0 \$ \$ \$ \$ \$ \$ \$ \$ 0 \$ \$ \$ \$ \$ \$ \$ \$

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Debtor 1	Mark Alan First Name Middle Name	Hammer  Last Name			Case number (if known)	
	The state of the s	LUSTAUTO				
Part 3:	List Certain Paymer	nts You Made Befo	re You File	ed for Rankrun	tev	
				- IOI DallKiup	LOY	
A 8 24	de de la company					
**********	ther Debtor 1's or Debtor					
<b>[∟</b> ∟] No	<ul> <li>Neither Debtor 1 nor Debtor 1 n</li></ul>	Debtor 2 has primarily all primarily for a perso	y consumer nal, family, c	debts. Consumer or household purpo	debts are defined in 11 U.S. ose."	C. § 101(8) as
	During the 90 days before	ore you filed for bankru	ıptcy, did yoι	pay any creditor	a total of \$6,425* or more?	
	No. Go to line 7.					
	total amount ye	ou paid that creditor. D	o not include	payments for do	e in one or more payments a mestic support obligations, si rney for this bankruptcy case	uch as
		•		•	d on or after the date of adju-	
₹ <b>2</b> Ye	s. Debtor 1 or Debtor 2 o	or both have primarily	/ consumer	debts		
5 - St. 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100					a total of \$600 or more?	
	No. Go to line 7.		-			
	<del>}</del>			/ <b>h</b> ono		
	creditor. Do no	it include payments for	domestic su	ipport obligations,	nd the total amount you paid such as child support and	that
	alimony. Also,	do not include paymer	nts to an atto	rney for this bankr	uptcy case.	
			Dates of	Total amount	paid Amount you still	owe Was this payment for
			payment			
				\$	\$	Mortgage
	Creditor's Name					Car
	Number Street					Credit card
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Loan repayment
	<u></u>					Suppliers or vendors
	City	State ZIP Code				Other
					t to the continuous co	
				\$	\$	
	Creditor's Name					☐ Car
	Number Street		***************************************			Credit card
	Munipel Street					Loan repayment
						☐ Suppliers or vendors
	City	State ZIP Code				☐ Other
	Ony	2.11 0000				
					The state of the s	magnage extragal control of the cont
	Creditor's Name		***************************************	<u> </u>	<u> </u>	
						☐ Car
	Number Street	the Management of the contract	***************************************			Credit card
						Loan repayment
	***************************************					Suppliers or vendors
						Other

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Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a period partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voing securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.    Include payments for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.    Include payments to an insider.	or 1	Mark Alan First Name Middle Nam	Hammer e Lasi Name			Case number (if known	)
Insider's Name  Dates of Total amount Amount you still Reason for this payment payments or transfer any property on account of a debt that benefits in insider?  No Street  Number Street  Dates of Total amount Amount you still Poyments on debts guaranteed or cosigned by an insider.  Dates of Total amount Amount you still Reason for this payment paid owe  This street  Dates of Total amount Amount you still Reason for this payment insider?  No Dates of Total amount Amount you still Reason for this payment insider.  Dates of Total amount Amount you still Reason for this payment insider.  Dates of Total amount Amount you still Reason for this payment insider.  Dates of Total amount Amount you still Reason for this payment insider.  Dates of Total amount Amount you still Reason for this payment insider.  Dates of Total amount Amount you still Reason for this payment paid owe  Dates of Total amount Amount you still Reason for this payment paid owe  Dates of Total amount Amount you still Reason for this payment include creditor's name  Dates of Total amount Amount you still Reason for this payment paid owe  Dates of Total amount Amount you still Reason for this payment include creditor's name  Dates of Total amount Amount you still Reason for this payment paid owe  Dates of Total amount Amount you still Reason for this payment include creditor's name  Dates of Total amount Amount you still Reason for this payment P	Withir	า 1 year before you file	i for bankruptcy, did	you make a ¡	payment on a de	bt you owed anyone	who was an insider?
Dates of Total amount pousitil Reason for this payment owe  Insider's Name  State ZIP Code  City State ZIP Code  Street  City State ZIP Code  State	<i>Inside</i> corpor agent,	rs include your relatives; rations of which you are including one for a busi	any general partners; an officer, director, per ness you operate as a	relatives of ar son in control	ny general partne , or owner of 20%	rs; partnerships of which	ch you are a general partner; s securities; and any managing
Dates of payment and owe Street    Paid   Pa							
Payment   Paid   Owe	<b>⊒</b> Ye	s. List all payments to a	ı insider.	Dates of	Total amous	the part of the state of	
Number Street  City State ZIP Code  S S S  Insider's Name  Number Street  City State ZIP Code  S S S S S S S S S S S S S S S S S S S							Reason for this payment
Number Street  City State ZiP Code  S. S.  Insider's Name  Number Street  City State ZiP Code  Dates of Total amount Amount you still own to paid own insider.  City State ZiP Code  City State ZiP Code  S. S.  City State ZiP Code	ir	nsider's Name			\$	\$	
City State ZiP Code  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$							
Insider's Name    State   Street	N	umber Street			<del></del>		
Insider's Name    Street   Street	-				<u></u>		
Insider's Name  State ZIP Code  Dates of payment paid owe Include creditor's name  Insider's Name  Street  City State ZIP Code	c	ity	State ZIP Code				
Insider's Name  Number Street  City State ZIP Code  ithin 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefite in insider?  Clude payments on debts guaranteed or cosigned by an insider.  [No ] Yes. List all payments that benefited an insider.  Dates of Total amount Amount you still read one insider one insiders Name    Dates of Total amount Payment   Total amount				-		· · · · · · · · · · · · · · · · · · ·	
City State ZIP Code    State ZIP Code	Īn	sider's Name			- \$ <u> </u>	\$	
ithin 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefite in insider?  I No I Yes. List all payments that benefited an insider.  Dates of Total amount Amount you still payment paid owe Include creditor's name  Insider's Name  Street  City State ZIP Code  \$	N	umber Street	***************************************	<u>·</u>	_		
fithin 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefite n insider?  Include payments on debts guaranteed or cosigned by an insider.  Insider's Name  Dates of Total amount Amount you still payment that benefited an insider.  Dates of Total amount Amount you still owe Include creditor's name  Insider's Name  Suppose Street  Suppose Stree					_		
fithin 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefite n insider?  Include payments on debts guaranteed or cosigned by an insider.  Insider's Name  Dates of Total amount Amount you still payment that benefited an insider.  Dates of Total amount Amount you still owe Include creditor's name  Insider's Name  Suppose Street  Suppose Stree					_		
n insider?  Include payments on debts guaranteed or cosigned by an insider.  No  Yes. List all payments that benefited an insider.  Dates of payment paid owe Reason for this payment payment paid owe  Insider's Name  Number Street  City State ZIP Code  Insider's Name  \$\$  Insider's Name  \$\$  Insider's Name	Ci	ity	State ZIP Code				
No  Yes. List all payments that benefited an insider.  Dates of payment paid	/ithin	1 year before you filed	for bankruptcy, did y	rou make any	payments or tra	insfer any property o	n account of a debt that benefited
Yes List all payments that benefited an insider.    Dates of payment paid   Amount you still owe   Include creditor's name			ranteed or cosigned by	y an insider.			
Dates of payment paid Amount you still owe Include creditor's name  Insider's Name  Street  City State ZIP Code  S	<b>A</b> No						
Insider's Name  Street  City  State  ZIP Code  S  S  Insider's Name	] Yes	s. List all payments that t	enefited an insider.				e de la companya de
Insider's Name  \$ \$ \$  Number Street  City State ZIP Code  \$ \$ \$  Insider's Name							电流流 化环烷基苯基苯酚 化二氯甲基苯基 化氯化氯化氯化氯化氯化氯化
Number Street  City State ZIP Code  \$ Insider's Name					<b>e</b>	œ	ere et transmisser en en en en transmisser transmisser transmisser en
City State ZIP Code  \$\$ Insider's Name	In	sider's Name			Ψ	Ψ	
S S S Insider's Name	No	imber Street		-	-	Andreas de Alberta	
S S S Insider's Name					_		
S S S Insider's Name						20 00 00 00 00 00 00 00 00 00 00 00 00 0	
Insider's Name							n naman na namanan na mananan na m
					\$	\$\$	
Number Street	Ins	sider's Name		- <del> </del>	•		
	Nu	mber Street					
	Cit	у	State ZIP Code				

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ebtor 1	Mark Alan	Hammer	Case number (# known)	
	First Name Middle Name	Last Name		
(in a single second				
Part 4:	<del></del>		ns, and Foreclosures	
List a	all such matters, including p	for bankruptcy, wer personal injury cases,	e you a party in any lawsuit, court action, or administrative proceed small claims actions, divorces, collection suits, paternity actions, suppo	<b>ling?</b> rt or custody modifications
	contract disputes.			
<b>2</b> 1 N				
	es. Fill in the details.	Natur	n and and A.C. Karallan Barbanah and Karallan Barbanah and	A Secretaria
		Match	e of the case	Status of the case
	Case title		Court Name	— Pending
			occi i danic	On appeal
			Number Street	Concluded
(	Case number			
	eter or specialist community and		City State ZIP Code	
(	Case title		Court Name	Pending
-			Number Street	On appeal Concluded
(	Case number		Tomber Guest	Concluded
`	DAGE HUMBER	***************************************	City State ZIP Code	••••
( Y	es. Fill in the information be	elow.	Describe the property Date	y trototopovensky oggast Malianovik
			THE RESERVE THE PROPERTY OF TH	Value of the property
	Condition No.			\$
	Creditor's Name			
	Number Street		Explain what happened	
			Property was repossessed.	
			Property was foreclosed.	
			Property was garnished.	
	City	State ZIP Code	Property was attached, seized, or levied.	et e septet i tra incommunication money and the contract of th
			Describe the property Date	Value of the property
	Creditor's Name			\$
	Number Street		Explain what happened	
			Property was repossessed.	
			Property was foreclosed.	
	City	State ZIP Code	Property was garnished.	
	•		Deposits was attached asimal as levial	

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1	Mark Alan	Hamm		Case number (if known)
	First Name Middle Nan	ne Last Na	ame	
				tor, including a bank or financial institution, set off any amounts from your
enew.	unts or refuse to make	a payment beca	ause you owed a de	lebt?
1 No				
Υe	es. Fill in the details.			
			Describe the action	on the creditor took Date action Amount
-	- (Carla 1)			was taken
CIE	aditor's Name		:	
-			i	<b>\$</b>
Nu	mber Street			
_		<del></del>		
			E	
City	y S	tate ZIP Code	Last 4 digits of acc	count number; XXXX
				r property in the possession of an assignee for the benefit of
	ors, a court-appointed	receiver, a cust	todian, or another	official?
No				
Ye	es			
	•			
5:	List Certain Gifts :	and Contribut	ions	
	ifts with a total value of mer person	nore than \$600	Describe the gifts	Dates you gave Value the gifts
Per	rson to Whom You Gave the Gif	i		<u> </u>
				<u> </u>
Nur	mber Street			
City	y Si	late ZIP Code		
Per	rson's relationship to you			
	its with a total value of mo	ore than \$600	Describe the gifts	Dates you gave Value
pei	r person			the gifts
Per	son to Whom You Gave the Gift	:		\$
	5 7775577 00 0070 070 071	-		
				<b></b>
		Jakob Linner		
********				
Nur	mber Street			
		# 1		
City	ý St	iale ZIP Code		
m-	enemia rolation-bi- t			
rei	rson's relationship to you _			Ę.

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ebtor 1	Mark Alan	Hammer	Case number (if known)	
	First Name Middle Name	Last Name		
		d for bankruptcy, did you give	any gifts or contributions with a total value of more t	han \$600 to any charity?
M				
_	Yes. Fill in the details for ea	_		
	Gifts or contributions to cha			Value
	that total more than \$600		contribute	for a party at 1980.
	Charity's Name			
		:		•
		······ ::		<u> </u>
	Number Street	TOTTY AND THE STATE OF THE STAT		
	Name of the state	• •		
	City State ZIP Code	1		
art 6	List Certain Losse	Š		
	Describe the property you lo how the loss occurred	st and Describe any ins	surance coverage for the loss  Date of you loss  In that insurance has paid. List pending insurance of Schedule A/B: Property.	r Value of property lost
ĺ				and the second of the second o
			***************************************	\$
	The state of the s	and the control of th	and the state of t	
rt 7	List Certain Paymer	ets or Transfors	and the second of the second o	* 6 * 6 *
		for bankruptcy, did you or an bankruptcy or preparing a bar	yone else acting on your behalf pay or transfer any pro	perty to anyone
			ounseling agencies for services required in your bankrupto	cy.
Ø				
	Yes. Fill in the details.			
		Description and		nt or Amount of payment
	Person Who Was Paid		transfor wa	
	, crear, recording to			
	Number Street			\$
				\$
	City State	ZIP Code	To service the service	
	Email or website address			
	Person Who Made the Payment, if N	lot You	THE STATE OF THE S	

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	First Name Middle Name	Hammer Last Name		Gabo III	umber (if known)	······	
							en artisennas de annas Variantes Variantes de s'em
			Description and value of a	ny property transferred		Date payment or transfer was made	Amount of payment
Pe	erson Who Was Paid						_
Nu	umber Street					***************************************	\$
						*****	\$
Cit	ty State ZIP	Code					
Én	nail or website address						
Pe	erson Who Made the Payment, if Not You						
		1		S. Sangara, and S. Sangara, S.			
	1 year before you filed for be sed to help you deal with you				air pay or tran	ister any property to	anyone who
	include any payment or transfe			to your creations:			
	• • •	•					
No Yes	s. Fill in the details.						
	s. I iii iii are dotaile.	e N	Description and value of a			Date payment or	Amount of pay
						transfer was made	
Pe	erson Who Was Paid					N	
Ni	umber Street					arment to the ball of the ball	\$
							\$
Ci	ity State ZIP	Code					
hin	2 years before you filed for I	bankruptcy	y, did you sell, trade, o	otherwise transfer a	any property t	o anyone, other tha	n property
	erred in the ordinary course o	of your bus	siness or financial affa	irs?			
	both outright transfers and tra		de as security (such as the already listed on this state		ty interest or n	lorigage on your prop	perty).
lude	include gitts and transfers that	•					
lude	_						
lude not No	_		State Assistant Comme	n maka kalan inggi daga paka sa	on erestana	CANDANIO DE SOL	n von Set
lude not No	-	İ	Description and value of p	roperty Describ	e any property	or payments received	Date transf
not No Yes	s. Fill in the details.	İ		roperty Describ		or payments received	Date transf
not No Yes	-	İ	Description and value of p	roperty Describ	e any property	or payments received	Date transf
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No Pe	s. Fill in the details.  erson Who Received Transfer  umber Street  ty State ZIP  erson's relationship to you		Description and value of p	roperty Describ	e any property	or payments received	Date transf
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Per Cill	s. Fill in the details.  erson Who Received Transfer  umber Street  ty State ZIP  erson's relationship to you	Code	Description and value of p	roperty Describ	e any property	or payments received	Date transf
Per Cill	s. Fill in the details.  erson Who Received Transfer  ty State ZIP  erson's relationship to you	Code	Description and value of p	roperty Describ	e any property	or payments received	
Per Cill	s. Fill in the details.  erson Who Received Transfer  ty State ZIP  erson's relationship to you	Code	Description and value of p	roperty Describ	e any property	or payments received	Date trans

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19. Within 10 gare a bene Tare a bene No Tares. Fi	years before you filed for a file of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the ser	n called asset-protec		operty transferred	Date transfer
are a bene No Yes. Fi	eficiary? (These are ofte	n called asset-protec	tion devices.) ion and value of the pro	perty transferred	Date transfer
are a bene No Yes. Fi	eficiary? (These are ofte	n called asset-protec	tion devices.) ion and value of the pro	perty transferred	Date transfer
are a bene No Yes. Fi	eficiary? (These are ofte	n called asset-protec	tion devices.) ion and value of the pro	perty transferred	Date transfer
M No □ Yes. Fi	Il in the details.	Descript	ion and value of the pro	operty transferred	
Yes. Fi		Descript	ion and value of the pro	operty transferred	
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			Who else has or had ac	cess to it?		Describe the conte	nts	Do you still have it?
						:		□ No
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ebtor 1	Mark Alan First Name Middle Name	Hammer Last Name	Case number (if known)
		ental unit of any release of hazardous	naterial?
2 N			
U Y	es. Fill in the details.	Governmental unit	Environmental law, if you know it Date of notice
		Governmental unit	Lityrotaliettal taw, it you know it
	Name of site	Governmental unit	
	Number Street	Number Street	Annihologyapunka
		City State ZIP C	ode
	City State	ZIP Code	
26. Have	you been a party in any	idicial or administrative proceeding un	der any environmental law? Include settlements and orders.
Z	o		
□ Y	es. Fill in the details.		
		Court or agency	Nature of the case Status of the case
_	4741-		and the second of the second o
U	ase title	Court Name	Pending
			On appeal
		Number Street	Concluded
=			
C	ase number	City State	ZIP Code
		t Your Business or Connections t	
	A sole proprietor or se A member of a limited A partner in a partners	f-employed in a trade, profession, or ot ability company (LLC) or limited liabilit	s or have any of the following connections to any business? her activity, either full-time or part-time y partnership (LLP)
Ç	An owner of at least 59	of the voting or equity securities of a	corporation
171 N	o. None of the above app	ies Go to Part 12	
		pove and fill in the details below for each	th business.
		Describe the nature of the b	pusiness Employer Identification number
	Business Name	- SERVINE NEWFOLK	Do not include Social Security number or ITIN.
			EIN:
	Number Street		
		Name of accountant or boo	kkeeper Dates business existed
			From To
	City State	ZIP Code	
,		Describe the nature of the t	
	Business Name		Do not include Social Security number or ITIN.
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otor 1	Mark Alan	Hammer Case number	er (if known)
	First Name Middle Name	Last Name	
	A	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
	Business Name		EIN: -
	Number Street	Name of accountant or bookkeeper	Dates business existed
	City State ZIP (Code	From To

insti	tutions, creditors, or other parti	ankruptcy, did you give a financial statement to anyone a ies. Date issued	bout your business? Include all financial
	Name	MM / DD / YYYY	
	Number Street		
	City State ZIP C	Code	
	•		
	Olama Dalama		
rt 12	Sign Below		
ans in c	wers are true and correct. I und	atement of Financial Affairs and any attachments, and I de lerstand that making a false statement, concealing proper use can result in fines up to \$250,000, or imprisonment for 571.	rty, or obtaining money or property by fraud
*	Mail A Hanner	<u> </u>	
;	Signature of Debtor 1	Signature of Debtor 2	
	Date 03 - 23 - 2017	Date	
Did	you attach additional pages to	Your Statement of Financial Affairs for Individuals Filing	for Bankruptcy (Official Form 107)?
	No Yes		
		ne who is not an attorney to help you fill out bankruptcy f	orms?
	res. warne or person	Attac	ch the <i>Bankruptcy Petition Preparer's Notice,</i> Paration, and Signature (Official Form 119).

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Fill in this inf	ormation to ide	entify your case:		
Debtor 1	Mark	Alan	Hammer	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court fo	or the: NORTHER Distric	t of	
Case number				
(# known)				

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1:

List Your Creditors Who Have Secured Claims

For any creditors that you listed in Part 1 of Schedule D: Cr information below.		· ·
Identify the creditor and the property that is collateral	What do you intend to do with the property to secures a debt?	hat Did you claim the property
Creditor's name: Description of property securing debt:	Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:	No /es
Creditor's name:	Surrender the property.	No
Description of property securing debt:	Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement.	Yes
•	Retain the property and [explain]:	
Creditor's name:	Surrender the property.	
Description of property securing debt:	Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement.	Yes
Creditor's	Retain the property and [explain]:	
name:	Surrender the property. Retain the property and redeem it.	No Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
<u> </u>	Retain the property and [explain]:	

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the information below. Do	not list real estate leases. Unexpired lea expired personal property lease if the true	: Executory Contracts and Unexpired Leases (Official Form 106G), ses are leases that are still in effect; the lease period has not yet stee does not assume it. 11 U.S.C. § 365(p)(2).
Describe your unexpired per essor's name:	sonal property leases	Will the lease be assumed?
escription of leased roperty:		Yes
essor's name:		DNo
escription of leased roperty:		! —LYes
essor's name:		U No
escription of leased roperty:		Yes
essor's name:		□No □Yes
escription of leased roperty:		LETES
essor's name:	eautorida una trata eta disella eta disella eta eta eta eta eta eta eta eta eta et	
escription of leased roperty:		Yes
essor's name:		No.
escription of leased roperty:		Yes
essor's name:		D-Ho D-Yes
escription of leased roperty:		U -Yes

× Mark Hanner	×
Signature of Debtor 1	Signature of Debtor 2
Date 03 23 2017	Date

United States Bankruptcy Court NORTHERN District Of ILLINOIS				
IN RE.	Hammer, Mark			
	Debtor(s).	Case No.		
Т	The above named Debtor(s	s) hereby verify that the attached list of creditors is true		
and corre	ect to the best of my/our k	mowledge and that it corresponds to the creditors listed		
in my/ou	r schedules.			
Date: 03	3 23 2017	Ment A Hammer Debtor		

Joint Debtor

Assoc. Radiologists Joliet 6801 W. 73rd Street Suite 637 Bedford Park IL 60499

City Of Joliet P.o. Box 457 Wheeling IL 60090

Comprehensive Path. Service 26570 Network Place Chicago IL 60673

Discover Card P.o. Box 6103 Carol Stream IL 60197

Discover Card P.o. Box 6103 Carol Stream IL 60197

Em Strategies Lts. P.o. Box 1208 Bedford Park IL 60499

Guardian Critical Care Service P.o. Box 457 Wheeling IL 60090

Heartland Cardiovascular Cente 415 Main Street Streator IL 61364-213 Hedges Clinic 222 Colorado Avenue Frankfort IL 60423

Midwest Respiratory Lts. 10660 West 143rd Street, Suite Orland Park IL 60462

Northwestern Medicine 28155 Network Place Chicago IL 60673

Silver Cross Hospital 1900 Silver Cross Blvd. New Lenox IL 60451

Silver Cross Hospital 2250 E. Devon Avenue Suite 352 Des Plaines IL 60018

Silver Cross Hospital 1900 Silver Cross Blvd. New Lenox IL 60451

Southwest Cardio Consultants 2801 Black Road Suite A Joliet IL 60435-2929 Case 17-09971 Doc 1 Filed 03/30/17

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B 201B (Form 201B) (12/09)

UNITED STATES BANKRUPTCY COURT

NORTHERN Di	strict Of ILLINOIS
In re Hammer, Mark Debtor	Case No
	CE TO CONSUMER DEBTOR(S) THE BANKRUPTCY CODE
	ney] Bankruptcy Petition Preparer the debtor's petition, hereby certify that I delivered to the debtor the
Printed name and title, if any, of Bankruptcy Petition Preparer Address: X Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.	Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)
Certification	on of the Debtor It read the attached notice, as required by § 342(b) of the Bankruptcy X Signature of Debtor Date
Case No. (if known)	XSignature of Joint Debtor (if any) Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.